

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 8/8/2019	Permit No.: B2019-3402
Date Issued: 8-10-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>MC</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7870 SW W Slope Dr	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Johnston 33004
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112BA03100	
DESCRIPTION OF WORK	
Voluntary Foundation Underpinning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Scott Johnston	
Address: 7870 SW W Slope Dr	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 297-3405	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
E-mail: esingleton@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	\$37,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	
Print name:	Date:
Emily Singleton	08/08/19

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	Permit No.: B2017-3542
Date Issued: 8-16-19	By: <i>[Signature]</i>
	Payment Type: CHECK

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10960 Mourning Dove Place	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Falcon	
Subdivision: Murrayhill 13,	Lot no.: 398
Tax map/parcel no.: R 207 8177	
DESCRIPTION OF WORK	
Building a new single family home	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Farzad Moradian	
Address: 6107 sw Murray blvd #454	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 805-1111	Fax: (503) 568-8531
E-mail: techmotorz@yahoo.com	
APPLICANT	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Same as owner	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	400000
Number, of bedrooms:	4
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	square feet 3238
Garage/carport area:	square feet 1036
Covered porch area:	square feet 300
Deck area:	square feet 276
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet <i>[initials]</i>
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>[Signature]</i>	Date:
Print name: Farzad Moradian	06/16/20

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1:/BLDG DIV WG-8.

Development Department
Building Division
3000 NW Oregon Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/13/2019	Permit No.: B2019-2553
Date Issued:	By: <i>cren</i>
Payment Type:	

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9758 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 18
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Master</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad Davis</i>	Date:
Print name: Chad E Davis	

BUILDING DIVISION - 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$398,659.44
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3054 square feet
Garage/carport area:	420 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$1,582.95
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8



Development Department
Building Division
11kan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/13/2019	Permit No.: B2019-2551
Date Issued:	By: <i>clay</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9764 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 17
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<i>Re-issue of lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$370,866.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2835 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$748.55
Amount received	
Date received:	

Authorized signature: <i>Chad Davis</i>	Date:
Print name: Chad E Davis	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1: /BLDG DIV WG-8...
Beaverton
 OREGON

Development Department
 Building Division
 10000 SW Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/13/2019	Permit No.: B2019-2547
Date Issued:	By: <i>Chad</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9772 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 16
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential Reissue of lot 18	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad Davis</i>	Date:
Print name: Chad E Davis	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$370,866.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2835 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$748.55
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/9/2019	Permit No.: 32019-3424
Date Issued: 8-19-19	By: MW
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: ME	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6355 SW Elm Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Magalen Kitchen Remodel
Cross street/directions to job site: SW Schools Ferry Road and SW Chestnut Lane	
Subdivision: Pine Hills	Lot no.: 9
Tax map/parcel no.: R203666	
DESCRIPTION OF WORK	
Remove load bearing wall in kitchen/living room and replace with structural gluelam beams.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Jason Magalen and Holly Willis-Magalen	
Address: 6355 SW Elm Avenue	
City/State/ZIP: Beaverton, OR 97005	
Phone: 541-740-3715	Fax:
E-mail: jmagalen@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: CleanLine Construction, LLC.	
Contact name: David Grbavac	
Address: 9370 SW 146th Terrace, N4	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-799-4736	Fax:
E-mail: cleanlineconstruct@gmail.com	
CONTRACTOR	
Business name: CleanLine Construction, LLC.	
Address: 9370 SW 146th Terrace, N4	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503-799-4736	Fax:
CCB lic.: 208213	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$14,000	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$512.53
Amount received	
Date received:	

Authorized signature: *David Grbavac*

Print name: David Grbavac	Date: 8/9/19
----------------------------------	---------------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 8/9/2019	Permit No.: B2019-3434
Date Issued: 8-19-2019	By: <i>HK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>MC</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2460 SW 76th Ave	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Kositch 33065
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S112AB05300	
DESCRIPTION OF WORK	
Voluntary foundation underpinning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mike & Lori Kositch	
Address: 2460 SW 76th Ave	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 292-0619	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
E-mail: esingleton@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5223	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	\$9,800.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment materials, labor, overhead, and the profit for the work indicated or this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	
Print name: <i>Emily Singleton</i>	Date: 08/09/19

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 06/10/2019	Permit No.: B2019-2465
Date Issued: 8-19-19	By: <i>ML</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: SIGN
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15900 SW Regatta Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: Suite 105	Project name: Greatroom
Cross street/directions to job site: 158th and Walker	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
SIGN	
Letters on awning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Casey Murray	
Address: 15900 SW Regatta Ln	
City/State/ZIP: Beaverton, OR 97006	
Phone: (541) 953-9997	Fax:
E-mail: casey@sniffdighotel.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Clark Signs	
Contact name: Dave Clark	
Address: PO Box 1113	
City/State/ZIP: St. Helens, OR 97051	
Phone: (503) 789-1147	Fax:
E-mail: dave@clarksigns.com	
CONTRACTOR	
Business name: Clark Signs	
Address: PO Box 1113	
City/State/ZIP: St. Helens, OR 97051	
Phone: (503) 789-1147	Fax:
CCB lic.: 64933	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$269.38
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: David Clark	06/06/19

9/21

Building Permit Application

Revenue
B2018-2159

3199 AL - EMR



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 9-21-18	Permit No.: B2018-4455
Date Issued: 8/8/2019	Payment Type:

Revised 10/3/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16041 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 57
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$410,240.31
Number of bedrooms:	4
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3202 square feet
Garage/carport area:	631 square feet
Covered porch area:	37 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,619.74
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>Amanda Loveridge</i>	Date: 10/27/18
Print name: Amanda Loveridge	

Enc 4723 AR

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



Revised B2018-0733

OFFICE USE ONLY	
Date Received: 10-25-18	Permit No.: B2018-4955
Date Issued: 01/01/2019	CA
Payment Type:	

Revised 10/29/19

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16108 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 28
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$423,956.98
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3376 square feet
Garage/carport area:	451 square feet
Covered porch area:	116 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,659.60
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:		Date: 10/27/18
Print name:	Amanda Loveridge	

Building Permit Application

Russell
Ba018-0797

5525 AR -EMR



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 9-26-18	Permit No.: Ba018-4914
Date Issued: 10/1/2019	Payment Type:

Rough 10/3/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16048 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 27
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$453,752.45
Number of bedrooms:	5
Number of bathrooms:	3.5
Total number of floors:	2
New dwelling area:	3567 square feet
Garage/carport area:	572 square feet
Covered porch area:	180 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,751.58
Amount received	
Date received:	

Authorized signature:	
Print name:	Amanda Loveridge
Date:	10/27/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Building Permit Application



City Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 6/24/2019	Permit No.: B2019-2723
Date Issued:	<i>[Signature]</i>
CITY OF BEAVERTON Building Division	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 14723 SW TEAL BLVD	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: INSOMNIA COFFEE
Cross street/directions to job site: MURRAYHILL MARKET CENTER	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Sprinkler Tenant Improvement	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: T&L Communications, Inc.	
Contact name: Larry Bushaw	
Address: PO Box 87387	
City/State/ZIP: Vancouver, WA 98687	
Phone: 360-737-9725	Fax: 360-737-9648
E-mail: office@tl-communications.com	
CONTRACTOR	
Business name: T&L Communications, Inc.	
Address: PO BOX 87387	
City/State/ZIP: Vancouver, WA 98687	
Phone: 360-737-9725	Fax: 360-737-9648
CCB lic.: 67787	
Authorized signature: <i>Larry Bushaw</i>	Date:
Print name: Larry Bushaw	6-21-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	7775.00
Existing building area:	square feet
New building area:	square feet 2390
Number of stories:	
Type of construction:	TENANT IMPROVEMENT
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

CANYON CROSSINGS TL.
Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2550
 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY	
Date Received: 8-2-2019	Permit No.: B2019-3316
Date Issued: 8-20-2019	By: <i>CLM</i>
	Payment Type: <i>CHECK</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11360 SW Canyon Road	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Beaverton Mixed Use
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement permit. Add 2nd floor level rest rooms.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Elliott Investments LLC	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ctaylor@virtual-supply.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Edge Development	
Contact name: Ed Bruin	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
E-mail: ed@edgedevelop.com	
CONTRACTOR	
Business name: Edge Development	
Address: 2233 NW 23rd Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 292-7733	Fax:
CCB lic.: 147657	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST		
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.		
Valuation		20,000
Existing building area:	square feet	N/A
New building area:	square feet	N/A
Number of stories:		2
Type of construction:		V-B
Occupancy groups:		M,B
Existing:		Office
New:		Office

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$478.04
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Ed Bruin	08/01/19

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8/20/19	Permit No.: B2019-3496
Date Issued:	By: <i>clm</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4905 GRIFFITH DR	
City/State/ZIP: BEAVERTON OR 97	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
T1 - RECONFIGURE SPACE FOR TENANT EXPANSION	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ALFA GRIFFITH, LLC	
Address: 4905 GRIFFITH DRIVE, SUITE 205	
City/State/ZIP: BEAVERTON, OR	
Phone: 503-519-1111	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: PROXYM DAMAGE SOLUTIONS, LLC	
Contact name: CHRIS NESTLERODE	
Address: 2850 SW CEDAR HILLS BLVD. #106	
City/State/ZIP: BEAVERTON, OR, 97005	
Phone: 503-341-6801	Fax:
E-mail: CHRIS@PDSLLC.NW.COM	
CONTRACTOR	
Business name: ALM PROPERTY MANAGEMENT	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation #3800	
Existing building area:	square feet
New building area:	square feet
Number of stories:	(2)
Type of construction:	V-B
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 8-20-19
Print name: CHRIS NESTLERODE	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 4-12-19	Permit No: 2014 1552
Date Issued: 8/20/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16665 Regatta Lane	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: 700	Project name:
Cross street/directions to job site: Intall of walk in cooler 9x10x8 - compressor unit on roof	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Intall of walk in cooler BOX & ROOF UNIT ON - 8x10x9.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Sonny Prem	
Address:	
City/State/ZIP:	
Phone: 503 888-2863	Fax:
E-mail: Sonny@PremHotelGroups.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Bombay Pizza & Curry	
Contact name: Sonny Prem	
Address: 16665 Regatta Lane	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail: Sonny@PremHotelGroup.com	
CONTRACTOR	
Business name: All Phase Construction	
Address: 10204 N. Oswego	
City/State/ZIP: Portland, OR	
Phone: 503 960-5056	Fax:
CCB lic.: 189888	
Authorized signature: <i>Muhammad</i>	
Print name: Pauline North	Date: 4/12/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: 8/14/2019	Permit No.: B2019-3475
Date Issued: <i>[Signature]</i>	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8323 & 8325 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: RTU Structural Framing
Cross street/directions to job site: SW Hall to SW Cirrus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for two replacement roof top units. Mechanical permit for both new units to be applied for seperately. Both RTU's are located on the roof of Building 18.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Investment Properties	
Address: 8275 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures, Inc	
Contact name: Steve Close	
Address: 17550 SW Upper Boones Ferry Rd	
City/State/ZIP: Durham, OR 97224	
Phone: 503.968.8949	Fax:
E-mail: Steve C @ pacificcrestweb.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,800.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>[Signature]</i>	Date: 08.13.2019
Print name: STEVE CLOSE	



Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...

076
526-2550
onoregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/19/2019	Permit No.: B2019-2635
Date Issued: 06/20/2019	Payment Type:
CITY OF BEAVERTON 1&2 family: Simple	Complex:

BUILDING DIVISION

TYPE OF WORK

<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: SIGN

CATEGORY OF CONSTRUCTION

<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION

Job site address: 12345 SW Horizon Blvd	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Tough Mudder Bootcamp
Cross street/directions to job site: SW Barrows Rd	
Subdivision: Progress Ridge	Lot no.: 2S15AA02301
Tax map/parcel no.:	

DESCRIPTION OF WORK

(1) Halo lit Channel letters wall sign and (1) DF Non-illuminated blade sign

PROPERTY OWNER TENANT

Name: Tough Mudder Boot Camp
 Address: 12345 SW Horizon Blvd
 City/State/ZIP: Beaverton OR 97007

Phone: () Fax: ()

APPLICANT CONTACT PERSON

Business name: Vancouver Sign Group
 Contact name: Tracie Tandy
 Address: 2600 NE Andresen Rd Ste 50
 City/State/ZIP: Vancouver WA 98661
 Phone: (360) 693-4773 Fax: (360) 693-2747
 E-mail: tracie@vansignco.com

CONTRACTOR

Business name: Vancouver Sign Group
 Address: 2600 NE Andresen Rd Ste 50
 City/State/ZIP: Vancouver WA 98661
 Phone: (360) 693-4773 Fax: (360) 693-2747
 CCB lic.: 63951

Authorized signature:

Print name:

Tracie Tandy
Tracie Tandy

Date: 6/15/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation 7900.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$150.45
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

440-4613T (11/02/COM/WEB)

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...

Department
Building Division
Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED OFFICE USE ONLY	
Date Received: 02/12/2019	Permit No.: B2019-0599
Date Issued: 5-20-19	By: <i>HL</i>
CITY OF BEAVERTON	Payment Type: <i>Cheek</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12555 SW 22nd Street	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: T-Mobile Hall & Allen
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S121AD 12200	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace concealment canister; replace (3) panel antennas; add (3) RRUs; relocate (5) RRUs and (6) diplexers from ground to tower; remove (9) TMAs and (6) coax cables; Remove (1) FCOA cabinet and install (1) rack on ground.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: T-Mobile	
Address: 12920 SE 38th Street	
City/State/ZIP: Bellevue, WA 98006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of T-Mobile	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: <i>Eagle Commercial Services Inc</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: <i>16666666</i>	
Authorized signature: <i>Amanda Nations</i>	
Print name: Amanda Nations	Date: 02/11/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	110,000
Existing building area:	square feet 204
New building area:	square feet 204
Number of stories:	N/A
Type of construction:	V-B
Occupancy groups:	
Existing:	U
New:	U
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$897.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8/21/19	Permit No.: B2011-3552
Date Issued:	By: CLM
	Payment Type: check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder 11480 CHOBAN	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: SW Barnes Rd and SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97222	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Barnes and SW Cedar Hills	
Subdivision:	Lot no.: 1700
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo of existing firestation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Life Time	
Address: 2902 Corporate Place	
City/State/ZIP: Chanhassen, MN 55317	
Phone: 952-229-7521	Fax:
E-mail: cpetersen@lt.life	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Willamette Construction Services Inc	
Contact name: Mike Moore	
Address: 8823 N Harbargate Street	
City/State/ZIP: Portland, OR 97203	
Phone: 503-449-8153	Fax:
E-mail: mike.moore@lanecoinc.com	
CONTRACTOR	
Business name: Willamette Construction Services Inc	
Address: 8823 N Harbargate Street	
City/State/ZIP: Portland, OR 97203	
Phone: 503-239-6858	Fax:
CCB lic.: 221268	
Authorized signature:	
Print name: Mike Moore	Date: 8/21/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$45,620.00	
Existing building area:	8140 square feet
New building area:	0 square feet
Number of stories:	N/A
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
84432	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8/21/19	Permit No.: B2019-3558
Date Issued:	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10750 10760 SW Denney Row	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roof down to metal deck. Mechanically fasten R-20 ISO and fire-rated cover board. Mechanically fasten .060 TPO, Class A UL.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1121 SW Salmon St.	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2400	Fax:
E-mail: brian@abcroofingco.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing	
Contact name: Brian Kearney	
Address: 10123 Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: Brian@abcroofingco.com	
CONTRACTOR	
Business name: 11	
Address: 11	
City/State/ZIP: 11	
Phone: 11	Fax:
CCB lic.: 427	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$200,550	
Existing building area:	35,000 square feet
New building area:	35,000 square feet
Number of stories:	2
Type of construction:	re-roof
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]	Date: 8/21/19
Print name: Brian Kearney	

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8-21-19	Permit No.: B2019-3551
Date Issued: 8-21-19	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8275 SW Circus Drive	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roof to wood deck. Mechanically fasten 1" fire rated ISO and .060 TPO single ply Membrane.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investments	
Address: 1127 SW Salmon St #400	
City/State/ZIP: Portland, OR 97205	
Phone: 503-242-2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Britting Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: 503-786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: 11	
Address: 11	
City/State/ZIP: 11	
Phone: 11	Fax:
CCB lic.: 427	
Authorized signature: [Signature]	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$136,750	
Existing building area:	20,100 square feet
New building area:	20,100 square feet
Number of stories:	2
Type of construction:	re-roof
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Print name: Brian Kearney	Date: 8/21/19
---------------------------	---------------

Building Permit Application

St. Marys Kitchen

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/11/2019	Permit No.: B2019-2503
Date Issued: 8-21-19	By: <i>MK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Visa</i>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4440 SW 148th Ave.	
City/State/ZIP: Beaverton, OR. 97007	
Suite/bldg./apt. no.:	Project name: St. Marys Kitchen Remo
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demolition of Kitchen equipment and casework. New Full height partition walls, door, and kitchen equipment. All associated M.E.P.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sisters of Saint Mary of Oregon	
Address: 4440 SW 148th AVE	
City/State/ZIP: Beaverton, OR. 97209	
Phone: 504-644-9181	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Faster Permits	
Contact name: Austin Cheadle	
Address: 2000 SW 1st Ave.	
City/State/ZIP: Portland OR. 97201	
Phone: (971)-678-5405	Fax:
E-mail: austin@fasterpermits.com	
CONTRACTOR	
Business name: R&H Construction	
Address: 2019 NW Wilson St.	
City/State/ZIP: Portland, OR. 97209	
Phone: 503 710-1279	Fax:
CCB lic.: 38304	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$523,924
Existing building area:	square feet 1,194
New building area:	square feet 1,194
Number of stories:	1
Type of construction:	Type V-A
Occupancy groups:	A-2 & R-2
Existing:	Existing
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$4,607.75
Amount received	
Date received:	

Authorized signature:	Date:
Austin Cheadle	6/4/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/04/2019	Permit No.: B2019-2386
Date Issued: 05/22/2019	<i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17222 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 128
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

BUILDING PERMIT DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Maggie Sturm	05/28/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No. B2009-3579
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: Tenant Improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11645 SW Beaverton Hillsdale Hwy	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvement for new beer tap room. No exterior changes, no commercial kitchen.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Brian Williams	
Address:	
City/State/ZIP:	
Phone: 503-425-9352	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Holah Design + Architecture	
Contact name: Libby Holah	
Address: 710 NE 21st, Suite 202	
City/State/ZIP: Portland, OR 97232	
Phone: 503-288-4203	Fax:
E-mail: libby@holahdesign.com	
CONTRACTOR	
Business name: PROJECTS PLUS LLC	
Address: 14845 SW MURRAY SCHOLLS DR STE 110 347	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 131285	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	35,000
Existing building area:	square feet 3,343
New building area:	square feet n/c
Number of stories:	1
Type of construction:	vB
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:	Date:

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete



Building Permit Application

City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY

Date Received:	Permit No.: B2019-3578
Date Issued: 8/23/19	By: <i>CLM</i>
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15201 NW Greenbrier Pkwy	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.: C-7	Project name: Gigaphoton Demising
Cross street/directions to job site: SW corner of 217 & Denny Road	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NW Greenbrier Pkwy & Blue Ridge Drive	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Gigaphoton USA Inc	
Address: 15201 NW Greenbrier Pkwy, C-7	
City/State/ZIP: Beaverton, OR 97006	
Phone: (503) 597-7771	Fax:
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Patriot Fire Protection	
Contact name: Ted Baker	
Address: 4708 NE Minnehaha Street	
City/State/ZIP: Vancouver, WA 97225	
Phone: (360) 699-4403	Fax: (360) 699-4485
E-mail: ted.baker@patriotfire.com	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 70822	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,650.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	1.00
Type of construction:	5B
Occupancy groups:	
Existing:	B
New:	B

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>Bob</i>
Print name: Ted Baker
Date: 08/21/19

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 8/14/2019	Permit No.: B2019-3574
Date Issued: 8.22.19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8325 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: RTU Structural Framing
Cross street/directions to job site: SW Hall to SW Cirrus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural framing for two replacement roof top units. Mechanical permit for both new units to be applied for separately. <i>Both RTU's are located on the roof of Building 1B.</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Investment Properties	
Address: 8275 SW Cirrus	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures, Inc	
Contact name: Steve Close	
Address: 17550 SW Upper Boones Ferry Rd	
City/State/ZIP: Durham, OR 97224	
Phone: 503.968.8949	Fax:
E-mail: stevec@pacificcrestweb.com	
CONTRACTOR	
Business name: ↑ Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 66915	
Authorized signature: <i>[Signature]</i>	
Print name: STEVE CLOSE	Date: 08.13.2019

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$2,800.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application
 City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received: 8/22/19	Permit No.: B2019-3597
Date Issued:	By: crew
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2746 SW 153rd Drive 2555 SW 153rd drive	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Beaverton Creek BLDG 10 K20
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Complete Tear Off And Re-roof	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Fresen US	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: McDonald & Wetle Inc	
Contact name: Brian Bell	
Address: 2020 NE 194th St	
City/State/ZIP: Portland OR 97230	
Phone: 503-667-0175	Fax:
E-mail: BrianB@mcdonaldwelle.com	
CONTRACTOR	
Business name: Same As Applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 44680	

Authorized signature:

Print name: Brian Bell	Date: 8/20/2019
------------------------	-----------------

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	212,154
Existing building area:	44000 square feet
New building area:	44000 square feet
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

City of Beaverton
PO Box 4755, Beaverton, OR 97076
Phone (503) 526-2403; Fax: (503) 526-2550
Internet address: www.ci.beaverton.or.us

OFFICE USE ONLY	
Date Received: 8.20.19	Permit No.: B2019-35218
Date Issued: 8.22.19	By: [Signature]
	Payment Type:
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7755 SW Wilson Ave,	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: James Drew
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
REMOVAL OF INTERIOR WALL ADDING NEW BEAM AND FOOTINGS IN CRAWL SPACE	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: James Drew	
Address: 7755 SW Wilson Ave,	
City/State/ZIP: Beaverton OR 97008	
Phone: (503)	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: IBI	
Address: 15240 SE 82nd Drive	
City/State/ZIP: Clackamas OR 97015	
Phone: (503) 646-5376	Fax: ()
CCB lic.: 32734	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	5,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: [Signature]	Date: 08/20/19
Print name: Mike Montgomery	

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...



Development Department
Building Division
10000 Kan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 07/22/2019	Permit No.: B2019-3128
Date Issued: 6.21.19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10135 SW 151st Pl	
City/State/ZIP: Beaverton, OR 97007	
Suite/bldg./apt. no.:	Project name: Simmons - 30808
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S132AB16700	
DESCRIPTION OF WORK	
Encapsulate crawlspace	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Erik Simmons	
Address: 10135 SW 151st Pl	
City/State/ZIP: Beaverton, OR 97007	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Heather Rogers	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
E-mail: hrogers@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5222	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,500.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$174.54
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: Heather Rogers	07/19/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2443 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8

OFFICE USE ONLY

Date Received: 2-19-19	Permit No.: B2019-0708
Date Issued: 4-20-19	By: <i>clwy</i>
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <i>4815 SW Lombard Ave</i>	
City/State/ZIP: <i>Beaverton, OR 97005</i>	
Suite/bldg./apt. no.:	Project name: <i>VERSO - 2nd & Lombard</i>
Cross street/directions to job site: <i>2nd Ave, between Lombard and Franklin</i>	
Subdivision:	Lot no.:
Tax map/parcel no.: <i>3900,4100,4101,5000,5400</i>	
DESCRIPTION OF WORK	
<i>Underground fire sprinkler line and associated vaults</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: <i>Burnside Pacific, LLC (Robert Burnside)</i>	
Address: <i>22705 Alfalfa Market Road</i>	
City/State/ZIP: <i>Bend, OR 97701</i>	
Phone: <i>(949) 228-7299</i>	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <i>Ankrom-Moisan Architects</i>	
Contact name: <i>Francis Dardis / Tania Feliciano</i>	
Address: <i>38 NW Davis Street</i>	
City/State/ZIP: <i>Portland, OR 97209</i>	
Phone: <i>(503) 892-7304</i>	Fax:
E-mail: <i>francisd@ankrommoisan.com</i>	
CONTRACTOR	
Business name: <i>Concrete Alternatives, Inc.</i>	
Address: <i>PO Box 230776</i>	
City/State/ZIP: <i>Tigard OR 97281</i>	
Phone: <i>503-718-8568</i>	Fax:
CCB lic.: <i>186377</i>	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <i>\$24,253 OR 100</i>	
Existing building area:	square feet
New building area:	square feet <i>161969</i>
Number of stories:	<i>5</i>
Type of construction:	<i>IA, IIIB</i>
Occupancy groups:	<i>R2 (primary), M, B, S1</i>
Existing:	<i>5 existing houses to be demolished</i>
New:	<i>R2 (primary), M, B, S1</i>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: <i>Francis Dardis</i>	<i>02/19/19</i>

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/14/2019	Permit No.: B2019-3474
Date Issued: 8.20.19	By: <i>CLM</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9437 SW 153rd Ave.	
City/State/ZIP: Beaverton , OR 97007	
Suite/bldg./apt. no.:	Project name: Leatherwood 32885
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Voluntary Underpinning Using 15 Push Piers	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sonni Leatherwood	
Address: 9437 SW 153rd Ave	
City/State/ZIP: Beaverton, OR 97007	
Phone: (541) 953-0971	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: TerraFirma Foundation Systems	
Contact name: Elenita Ronquillo	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard OR 97223	
Phone: (503) 718-4533	Fax:
E-mail: eronquillo@terrafirmafs.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall St	
City/State/ZIP: Tigard, OR 97223	
Phone: (971) 205-5235	Fax:
CCB lic.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$29,894
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	
ELENITA RONQUILLO	08/13/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No: 52019-3602
Date Issued: 8/23/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: roof coating
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5805 SW 107th	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Fry Warehouse
Cross street/directions to job site: 217th and Allen St.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
WASH ROOF, SPRAY 2 GALLONS EMULSION, LAY POLYESTER FABRIC, SPRAY OVER WITH 10 GALLONS ON EMULSION PER 100 SQ FT.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: NORRIS + STEVENS, INC	
Address: 900 SW 5th Ave SUITE 1700	
City/State/ZIP: PORTLAND, OR 97204	
Phone: 503-223-3171	Fax:
E-mail: Benjamin@norris-stevens.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Fry Warehouse	
Contact name: Benjamin Shannon	
Address: 5805 SW 107th ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-223-3171	Fax:
E-mail: Benjamin@norris-stevens.com	
CONTRACTOR	
Business name: Holtzlander Roofing and Services, LLC	
Address: 7334# 7311 NE 43rd Ave SUITE A	
City/State/ZIP: VANCOUVER, WA 98661	
Phone: 360 718 8109	Fax: N/A
CCB lic.: 209832	
Authorized signature: <i>[Signature]</i>	
Print name: Kory Holtzlander	Date: 8/23/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: \$86,000.00	
Existing building area:	40,000 square feet
New building area:	N/A. square feet
Number of stories:	1
Type of construction:	ROOF REPAIR
Occupancy groups:	Fry
Existing:	HBV
New:	G+E
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,411.67
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8...



Development Department
Building Division
10000 SW Canyon Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

Duplicate plan, 2350A Jade Am,
as Lot 130 both Garage Right

OFFICE USE ONLY	
Date Received: 05/02/2019	Permit No.: B2019-1828
Date Issued: 01/22/2019	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17316 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn	Lot no.: 123
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc.	
Address: 11807 NE 99th St. #1170	
City/State/ZIP: Vancouver, WA 98682	
Phone: (360) 258-7900	Fax: (360) 258-7901
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc.	
Contact name: Juls Call	
Address: same as above	
City/State/ZIP:	
Phone: (360) 258-7906	Fax:
E-mail: juls.call@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc.	
Address: same as above	
City/State/ZIP:	
Phone:	Fax:
CCB Lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$310,347.53
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	656.57
Amount received	
Date received:	

Authorized signature:	
Print name:	Juls Call
Date:	07/20/18

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Re-issued plans Lot 134, B2018-4232,
2857E Redwood English

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...



Development Department
Building Division
11111111 Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/04/2019	Permit No.: B2019-2392
Date Issued: 05/28/19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17226 SW Harrier Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 127
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed, indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$366,631.30
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2832 square feet
Garage/carport area:	464 square feet
Covered porch area:	179 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: [Signature]	Date:
Print name: Maggie Sturm	05/28/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Development Department
Building Division
Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-1-19	Permit No.: B2019-1788
Date Issued: 8/20/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master buldler	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9800 SW Nimbus Ave	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Nimbus
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Tenant Improvements	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Erickson Realty	
Address: 4900 SW Griffiths dr #133	
City/State/ZIP: Beaverton 97005	
Phone: 503 703 9401	Fax:
E-mail: tpgarner@ericksongroup.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Erickson Realty	
Contact name: Todd GARNER	
Address: SAME	
City/State/ZIP:	
Phone: 503 703 9401	Fax:
E-mail: tpgarner@ericksongroup.com	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$ 400,000
Existing building area:	43,000 square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	3,689.59
Amount received	
Date received:	

Authorized signature:

Print name: Todd GARNER Date:

This permit application expires if a permit is not obtained within 100 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

RECEIVED
CITY OF BEAVERTON

COPY



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 3/27/19	Permit No.: B2019-1232
Date Issued: BUILDING SERVICES DIVISION	8/26/2019
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9800 SW Nimbus	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.:	Project name: Nimbus
Cross street/directions to job site: Schools ferry	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
- Enlarge loading dock opening - Create Passage interior - Re-grade dock access	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Erickson Realty	
Address: 4900 SW Griffith Dr. #133	
City/State/ZIP: Beaverton 97005	
Phone: 503 703 9401	Fax:
E-mail: Tpgarner@ericksongroup.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Erickson Realty	
Contact name: Todd GARNER	
Address: SAA	
City/State/ZIP:	
Phone: 503 703 9401	Fax:
E-mail: Tpgarner@ericksongroup.com	
CONTRACTOR	
Business name: TBD	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$50,000.00	
Existing building area:	43000 square feet
New building area:	square feet
Number of stories:	2
Type of construction:	Concrete & H
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date:
Print name: Todd GARNER	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No. B2019-3623
Date Issued: 8/26/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 3300 SW Hockens Avenue	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: 108	Project name:
Cross street/directions to job site: On SW Hocken Avenue between SW Hall Blvd and SW Jenkins Rd.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Non-bearing wall extension and new walls to provide two new rooms. Minor electrical and HVAC work to be permitted by appropriate licensed contractors.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: S2 Collaborations LLC, Alicia M. Smith DC	
Address: 3300 SW Hockens Avenue	
City/State/ZIP: Beaverton, OR	
Phone: (360) 270-1030	Fax:
E-mail: strongspine@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Timothy Troy Mace dba Reliant Builders	
Contact name: Ken Sprecher/Troy Mace	
Address: 17988 SW Sandra Lane	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 332-1780	Fax:
E-mail: kensprecher47@msn.com	
CONTRACTOR	
Business name: Timothy Troy Mace dba Reliant Builders	
Address: 17988 SW Sandra Lane	
City/State/ZIP: Beaverton, OR 97003	
Phone: (503) 476-5560	Fax:
CCB No.: 188581	

Authorized signature:	
Print name:	Date:
Ken Sprecher	08/23/20

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$22,300.00
Existing building area:	square feet 2067
New building area:	square feet 0
Number of stories:	1
Type of construction:	
Occupancy groups:	Chiropractic office
Existing:	Existing occupancy limits
New:	No changes
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,057.50
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Clear Form



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 08/27/2019	Permit No.: B2019-3632
Date Issued:	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8555 SW Apple Way	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.: 330	Project name: AAA Metrowest
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add and Plug Fire Sprinkler heads for TI	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Wyatt Fire Protection	
Contact name: Ronin Campbell	
Address: 9095 SW Burnham St	
City/State/ZIP: Tigard, OR 97223	
Phone: (503) 684-2928	Fax:
E-mail: r.campbell@wyattfire.com	
CONTRACTOR	
Business name: Same	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB #: 64077	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	852
Existing building area:	square feet
New building area:	square feet 0
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Ronin Campbell</i>	Date:
Print name: Ronin Campbell	08/26/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: 8/9/2019	Permit No.: B2019-3417
Date Issued: 8/27/2019	Payment Type:
CITY OF BEAVERTON	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5955 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: VanAm Addition
Cross street/directions to job site: SW Oak Place	
Subdivision: Block 26	Lot no.: 3 and 4
Tax map/parcel no.: 1S114DC09100	
DESCRIPTION OF WORK	
Small addition for master suite.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Barbara & Richard VanAmerongen	
Address: 5955 SW Chestnut Ave	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-292-6960	Fax:
E-mail: bvanamer@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: James Poggi Inc	
Contact name: Jim Poggi	
Address: 1319 SE M L King Blvd., Ste. 200	
City/State/ZIP: Portland, OR 97214	
Phone: 503-970-7700	Fax:
E-mail: jpoggi@jamespoggi.com	
CONTRACTOR	
Business name: James Poggi Inc	
Address: 1319 SE M L King Blvd., Ste. 200	
City/State/ZIP: Portland, OR 97214	
Phone: 503-244-3464	Fax: 503-244-3464
CCB No.: 133021	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$98,489
Number, of bedrooms:	1
Number of bathrooms:	1
Total number of floors:	1
New dwelling area:	square feet 497
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001

REV 2/14

Authorized signature:	Date:
Print name: Jim Poggi	8/8/19

Permit Application

Duplicate Plan as Lot 138, B2018-3726
2857A Redwood American

RECEIVED



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/04/2019	Permit No.: B2019-2388
Date Issued: 8/2/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17317 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 115
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggie Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggie.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$362,452.90
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2832 square feet
Garage/carport area:	464 square feet
Covered porch area:	201 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board
Form B70-1001 REV 2/14

Authorized signature:	Date:
Maggie Sturm	05/28/19



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/07/2019	Permit No.: B2019-2459
Date Issued: 05/28/2019	Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17236 SW Harrier Lane	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 125
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggle Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggle.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$318,133.05
Number of bedrooms:	4
Number of bathrooms:	2.5
Total number of floors:	2
New dwelling area:	2479 square feet
Garage/carport area:	400 square feet
Covered porch area:	182 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 05/28/19
Print name: Maggle Sturm	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 08/22/2019	Permit No.: B2019-3568
Date Issued: 8/29/2019	Payment Type:

CITY OF BEAVERTON
 BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6855 SW QUEEN LN	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: BROOKLEES PORCH
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: R0191189 / 15122 BD 12200	
DESCRIPTION OF WORK	
NEW FRONT PORCH	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: BROOK GETTYS	
Address: 6855 SW QUEEN LN	
City/State/ZIP: BEAVERTON OR 97009	
Phone: 509 336 9421	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: BROOK GETTYS	
Contact name: BROOK GETTYS	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: BROOK GETTYS	
Address: 6855 SW QUEEN LN	
City/State/ZIP: BEAVERTON OR 97008	
Phone: 509 336 9427	Fax:
CGB lic.: HOME OWNER	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation \$4,000

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: \$4,000 square feet 324

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

HOME OWNER

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$95.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Authorized signature: Brook Gettys

Print name: BROOK GETTYS	Date: 8/20/19
--------------------------	---------------

Building Permit Application

Approved

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY	
Date Received: 07/09/2019	Permit No.: B2019-2941
Date Issued: 8/29/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15901 SW Jenkins Rd.,	
City/State/ZIP: Aloha, OR 97006	
Suite/bldg./apl. no.:	Project name: Costco 009
Cross street/directions to job site: SW Jenkins and SW 158th Ave.	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install pendent fire sprinklers for store remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Dan Furno	
Address:	
City/State/ZIP:	
Phone: (360) 335-5907	Fax: (360) 883-6383
E-mail: dfurno@coscofire.com	
CONTRACTOR	
Business name: Cosco Fire Protection	
Address: 2501 SE Columbla Way, Suite 100	
City/State/ZIP: Vancouver, WA 98661	
Phone: (360) 883-6383	Fax: (360) 883-6390
CCB lic.: 67508	
Authorized signature:	Date:
Print name: Dan Furno	Date: 07/09/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,876
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$50,876
Existing building area:	square feet 14534
New building area:	square feet 14534
Number of stories:	1
Type of construction:	
Occupancy groups:	
Existing:	Ordinary 2/Rack storage
New:	Ordinary 2/Rack storage
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$364.78
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Permit Department
Building Division
City / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 6/27/2019	Permit No.: B2019-2799
Date Issued: 8-29-19	By: TK
CITY OF BEAVERTON Building Division	
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 5250 SW Alger Ave	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: AT&T Canyon Road
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S115DB00400	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) RRRHs; Install (3) repeaters, (3) diplexers, (1) surge suppressor, (3) DC trunks, (1) fiber trunk	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: AT&T	
Address: 19801 SW 72nd Ave	
City/State/ZIP: Tualatin, OR 97062	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of AT&T	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: Capstone Partners LLC	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 165860	
Authorized signature: <i>Amanda Nations</i>	Date: 6/26/19
Print name: AMANDA NATIONS	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Existing building area:	square feet 100
New building area:	square feet 100
Number of stories:	N/A. 260' monopole
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4756
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: RECEIVED	Permit No.: B2019-1691
Date Issued: 04/25/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17306 SW Dotterel Lane	
City/State/ZIP: BEAVERTON, OR	
Suite/bldg./apt. no.:	Project name: SOUTH COOPER MT.
Cross street/directions to job site:	
Subdivision: SOUTH COOPER MT	Lot no.: 169
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW HOME	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR, 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail: sguerrero@arborhomes.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SK HOFF CONSTRUCTION	
Contact name: SANDRO GUERRERO	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 319-6963	Fax: (503) 641-7661
E-mail:	
CONTRACTOR	
Business name: SK HOFF CONSTRUCTION	
Address: 735 SW 158TH AVE	
City/State/ZIP: BEAVERTON, OR 97006	
Phone: (503) 641-7342	Fax: (503) 641-7661
CCB lic.: 121987	

CITY OF BEAVERTON BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	349,462
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 2618
Garage/carport area:	square feet 398
Covered porch area:	square feet 197
Deck area:	square feet 240
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	SINGLE FAMILY
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

Authorized signature:

Print name:	Date:
Sandro Guerrero	04/16/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 09/29/2019	Permit No.: B2019-3690
Date Issued: 8/29/2019	By: <i>[Signature]</i>
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9755 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.: #250	Project name: Network Realty TI
Cross street/directions to job site: Peterkort Centre Campus	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Remodel	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Tina Beavers (Property Manager)	
Address: 9755 SW Barnes Rd #620	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 546-5632	Fax:
E-mail: tbeavers@peterkort.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Ankrom Moisan Architects	
Contact name: Avery Asato	
Address: 38 NW Davis St #300	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 952-1317	Fax:
E-mail: averya@ankrommoisan.com	
CONTRACTOR	
Business name: Denali Construction	
Address: PO Box 69	
City/State/ZIP: Canby, OR 97013	
Phone: (503) 849-4435	Fax:
CCB lic.: 208947	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	27,650
Existing building area:	square feet 1675
New building area:	square feet 1675
Number of stories:	6
Type of construction:	Type II-A, Sprinklered
Occupancy groups:	B
Existing:	B
New:	B

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

--

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$1,569.40
Amount received	
Date received:	

Authorized signature:	
Print name:	Date:
Avery Asato	08/26/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Permit Application

Duplicate plan, 2350A Jade Am,
as Lot 130, B2018-6050



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/04/2019	Permit No.: B2019-2385
Date Issued: 8-12-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17233 SW Kite Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision: South Cooper Mtn Hts	Lot no.: 114
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Lennar NW Inc	
Contact name: Maggle Sturm	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7894	Fax:
E-mail: maggle.sturm@lennar.com	
CONTRACTOR	
Business name: Lennar NW Inc	
Address: 11807 NE 99th Street #1170	
City/State/ZIP: Vancouver / WA / 98682	
Phone: (360) 258-7900	Fax:
CCB lic.: 195307	

Authorized signature: <i>Maggle Sturm</i>	Date:
Print name: Maggle Sturm	05/28/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$305,104.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2350 square feet
Garage/carport area:	411 square feet
Covered porch area:	122 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12726 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 Phone: (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 06/18/2019	Permit No.: B2019-2616
Date Issued: 8-16-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8...

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9824 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 15
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>[Signature: Chad Davis]</i>	Date:
Print name: Chad E Davis	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$342,602.32
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2600 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	168 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,411.26
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

RECEIVED

OFFICE USE ONLY

Date Received: 6/21/2019	Permit No.: B2019-2708
Date Issued: 6/11/2019	<i>[Signature]</i>

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7480 SW Canyon Lane	
City/State/ZIP: Beaverton, Oregon, 97225	
Suite/bldg./apt. no.:	Project name: Martz Remodel
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remodeling the Kitchen, Mudroom and Master Bedroom. Adding deck under	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Bryan Martz	
Address: 7480 SW Canyon Lane	
City/State/ZIP: Beaverton, Oregon, 97225	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MAKR Homes	
Contact name: Jason Francis	
Address: 250 Princeton Ave. Suite #104	
City/State/ZIP: Gladstone, Oregon, 97027	
Phone: 503-929-7207	Fax:
E-mail: makrhomes@gmail.com	
CONTRACTOR	
Business name: Same as above	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 226133	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$38,000
Number of bedrooms:	3
Number of bathrooms:	2
Total number of floors:	2
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 200
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Jason Francis	06/21/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8.1.19	Permit No.: B7009-3292
Date Issued: 8.1.19	By: CLAW
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 5th Street Bldg. 100	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: 100	Project name: Greentree West
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Remove existing roofing down to existing 1" insulation. Mechanically fasten 1" Fire Rated ISO and .060 TPO over existing insulation. UL class A assembly (attached).	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment Properties	
Address: 1121 SW Salmon Street	
City/State/ZIP: Portland, OR 97205	
Phone: (503) 242-2900	Fax:
E-mail: llsar@harsch.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: ABC Roofing Company	
Contact name: Brian Kearney	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 786-0616	Fax:
E-mail: brian@abcroofingco.com	
CONTRACTOR	
Business name: ABC Roofing Company	
Address: 10123 SE Brittany Court	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 786-0616	Fax:
CCB lic.: 427	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$315,855
Existing building area:	square feet 50,500
New building area:	square feet 50,500
Number of stories:	2
Type of construction:	Reroof
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 8/1/19
Print name: Brian Kearney	

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>8-1-19</u>	Permit No.: <u>B2019-3291</u>
Date Issued: <u>8-1-19</u>	By: _____
Payment Type: _____	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: _____
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: _____
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>13515 SW Millikan Way</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Suite/bldg./apt. no.: _____	Project name: <u>Code Unlimited TI</u>
Cross street/directions to job site: <u>The building is on the NW corner of the intersection SW Millikan Way and SW Hocken Ave.</u>	
Subdivision: _____	Lot no.: _____
Tax map/parcel no.: _____	
DESCRIPTION OF WORK	
The scope of work is removing partition walls, adding new walls to reconfigure the space, and adding an additional restroom for the tenant improvements for Code Unlimited. No change of occupancy is proposed.	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: <u>Code Unlimited</u>	
Address: <u>12655 SW Center St, Suite 350</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(971) 328-5266</u>	Fax: _____
E-mail: <u>Tom.Jaleski@CodeUL.com</u>	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: <u>Code Unlimited</u>	
Contact name: <u>Tom Jaleski</u>	
Address: <u>12655 SW Center St, Suite 350</u>	
City/State/ZIP: <u>Beaverton, OR 97005</u>	
Phone: <u>(971) 328-5266</u>	Fax: _____
E-mail: <u>Tom.Jaleski@CodeUL.com</u>	
CONTRACTOR	
Business name: <u>ADAPT PDX CONSTRUCTION INC</u>	
Address: <u>PO Box 2018</u>	
City/State/ZIP: <u>BEAVERTON, OR 97005</u>	
Phone: <u>971-228-9797</u>	Fax: <u>503-7470049</u>
CCB lic.: <u>218393</u>	
Authorized signature: <u>By Alfredo Bini</u>	Date: _____
Print name: <u>Tom Jaleski</u>	Date: <u>08-01-19</u>

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation _____	
Number of bedrooms:	_____
Number of bathrooms:	_____
Total number of floors:	_____
New dwelling area:	_____ square feet
Garage/carport area:	_____ square feet
Covered porch area:	_____ square feet
Deck area:	_____ square feet
Other structure area:	_____ square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	<u>100,000</u>
Existing building area:	_____ square feet <u>5,636</u>
New building area:	_____ square feet <u>0</u>
Number of stories:	<u>1</u>
Type of construction:	<u>V-B</u>
Occupancy groups:	<u>B</u>
Existing:	<u>B</u>
New:	<u>B</u>
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	_____
Amount received	_____
Date received:	_____

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

APPROVED

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755

Beaverton, OR 97076
Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

RECEIVED

OFFICE USE ONLY

Date Received: 05/28/2019 Permit No.: B2019-2262
Date Issued: By:
Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Tenant Improvement
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2725 SW Cedar Hills Blvd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.: Ste 122	Project name: Crumbl
Cross street/directions to job site:	
Subdivision: Cedar Hills Crossing North	Lot no.: 1
Tax map/parcel no.: 1S109AD03400	
DESCRIPTION OF WORK	
Tenant Improvement for new Walk-in Cookie Store called Crumbl	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Aaron Wager	
Address: 1881 W Traverse Parkway Ste E321	
City/State/ZIP: Lehi, UT 84043	
Phone: (801) 735-4656	Fax:
E-mail: aaron@wagscapital.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Wags Capital	
Contact name: Julie Henry	
Address: 1881 W Traverse Parkway Ste E321	
City/State/ZIP: Lehi, UT 84043	
Phone: (801) 928-8122	Fax:
E-mail: julie@wagscapital.com	
CONTRACTOR	
Business name: Western Construction	
Address: 2300 E 3rd Loop # 110	
City/State/ZIP: Vancouver, WA 98661	
Phone: 360-699-5317	Fax:
CCB lic.: 63717	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	150,000
Existing building area:	square feet 1233
New building area:	square feet 1233
Number of stories:	1
Type of construction:	V-B Sprinkled
Occupancy groups:	
Existing:	
New:	302 - Group B - Business

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,780.59
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:	Date:
Julie Henry	05/24/19

Building Permit Application

ELECTRONIC SUBMITTAL

SEE 1/BLDG DIV WGS

Beaverton
OREGON

Community Development Department
Building Division
1000 Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 07/18/2019	Permit No.: B2019-3088
Date Issued: 8.2.19	By: <i>Crew</i>
CITY OF BEAVERTON	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Structure Reinforcement
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7030 SW Oleson Road	
City/State/ZIP: Portland, Oregon 97223	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: Near of SE Oleson Road and Canby Road	
Subdivision: GARDEN HOME	Lot no.: PT 9
Tax map/parcel no.: 1S124DB-00202	
DESCRIPTION OF WORK	
Pour concert support 3 feet deep to hold 4x4 wood post needed to support cantalever 2nd level of house.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: David Fischer	
Address: 10967 SW 111th Ave	
City/State/ZIP: Tigard, Oregon 97223	
Phone: (503) 753-7551	Fax:
E-mail: davefischer@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SAMUEL DAVID LAGROW	
Contact name: SAMUEL DAVID LAGROW	
Address: 29995 SE LAWRENCE	
City/State/ZIP: ESTACADA OR 97023	
Phone: (503) 312-2398	Fax:
E-mail: sam.lagrow@gmail.com	
CONTRACTOR	
Business name: SAMUEL DAVID LAGROW	
Address: 29995 SE LAWRENCE RD	
City/State/ZIP: ESTACADA OR 97023	
Phone: (503) 312-2398	Fax:
CCB lic.: 292757	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1200
Number of bedrooms:	3
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 0
Garage/carport area:	square feet
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$154.18
Amount received	
Date received:	

Authorized signature: *David Fischer*

Print name:	Date:
David Fischer	07/09/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

RECEIVED

OFFICE USE ONLY

Date Received: 08/01/2019 Permit No.: B2019-3285
 Date Issued: 8/2/19 By: crew
 CITY OF BEAVERTON Payment Type:

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: repairing
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13850 SW Secretariat Ln	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Bay Window Repairing
Cross street/directions to job site: Murray Blvd and Sexton Mountain Dr	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
open the floor, add extra beams and use bracket to hold them up with current floor.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Xiaobing Zhao	
Address: 13850 SW Secretariat Ln.	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 985-8866	Fax:
E-mail: xbzhao2000@yahoo.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name:	
Contact name: Xiaobing Zhao	
Address: 13850 SW Secretariat Ln	
City/State/ZIP: Beaverton, OR 97008	
Phone: (503) 985-8866	Fax:
E-mail: xbzhao2000@yahoo.com	
CONTRACTOR	
Business name: Cedar Mountain Construction	
Address: PO Box 920	
City/State/ZIP: North Plains	
Phone: (503) 481-9914	Fax:
CCB lic.: 151856	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$4500
Number of bedrooms:	0
Number of bathrooms:	0
Total number of floors:	0
New dwelling area:	square feet 0
Garage/carport area:	square feet 0
Covered porch area:	square feet 0
Deck area:	square feet 0
Other structure area:	square feet 0

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$102.51
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: *Xiaobing Zhao*

Print name:	Date:
Xiaobing Zhao	07/30/19

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...

Community Development Department
Building Division
12735 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No.: B2019-2774
Date Issued: 8/27/2019 8-2-19	By: <i>AK</i>
	Payment Type: <i>check</i>

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11715 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 6
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

CITY OF BEAVERTON BUILDING DIVISION REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3475
Garage/carport area:	square feet 555
Covered porch area:	square feet 300
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: 	Date:
Print name: Josh Kelso	06/26/19

Building Permit Application

Clear Form

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8

OFFICE USE ONLY	
Date Received: 2-19-19	Permit No.: B2019-0704
Date Issued: 8/5/2019	Payment Type:

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP: Beaverton, OR 97005	
Sulte/bldg./apl. no.:	Project name: VERSO - 2nd & Lombard
Cross street/directions to job site: 2nd Ave, between Lombard and Franklin	
Subdivision:	Lot no.:
Tax map/parcel no.: 3900,4100,4101,5000,5400	
DESCRIPTION OF WORK	
Demolition of 5 existing houses, construction of new multi-family apartment building (172 units, type IA and IIIB constr.), 2600 sf retail space at corner, tenant amenities, surface parking lot, rain garden facing 2nd, right-of-way improvements at all frontages.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Burnside Pacific, LLC (Robert Burnside)	
Address: 22705 Alfalfa Market Road	
City/State/ZIP: Bend, OR 97701	
Phone: (949) 228-7299	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Ankrom-Moisan Architects	
Contact name: Francis Dardis / Tania Feliciano	
Address: 38 NW Davis Street	
City/State/ZIP: Portland, OR 97209	
Phone: (503) 892-7304	Fax:
E-mail: francisd@ankrommoisan.com	
CONTRACTOR	
Business name: Pence Construction	
Address: 2720 SW Corbett Ave	
City/State/ZIP: Portland, OR 97201	
Phone: (503) 252-3802	Fax:
CCB lic.: 153167	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number, of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$22,898,080
Existing building area:	square feet
New building area:	square feet 161969
Number of stories:	5
Type of construction:	IA, IIIB
Occupancy groups:	R2 (primary), M, B, S1
Existing:	5 existing houses to be demolished
New:	R2 (primary), M, B, S1
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 2/19/19
Print name:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board
 Form B70-1001 REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
 Development Department
 Building Division
 1777 McLoughlin Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 528-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 07/25/2019	Permit No.: B2019-2141
Date Issued: 07/22/19	By: [Signature]
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10950 SW 5th St	
City/State/ZIP: Beaverton	
Suite/bldg./apt. no.: Suite 170	Project name: GreenTree HVAC Suppor
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Structural Support for New HVAC Roof Top Uniy	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Harsch Investment	
Address: 1121 SW Salmon	
City/State/ZIP: Portland	
Phone: (503) 242-2900	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Pacific Crest Structures	
Contact name: Alan Volm	
Address: 17750 SW Upper Boones Ferry RD Suite 190	
City/State/ZIP: Portland Oregon 97224	
Phone: (503) 968-8949	Fax:
E-mail: alan@pacificcrestweb.com	
CONTRACTOR	
Business name: Pacific Crest Structures	
Address: 17750 SW Upper Boones Ferry Rd Suite 190	
City/State/ZIP: Portland Ore 97224	
Phone: (503) 968-8949	Fax:
CCB lic.: 66915	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$3275
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fee due upon application	
Amount received	
Date received:	

Authorized signature: Jared@Pacificcrestweb.com

Print name: Alan Volm	Date: 07/22/19
-----------------------	----------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8

Community Development Department
Building Division
7733 SW Moikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 07/25/2019	Permit No.: B2019-3172
Date Issued: 07/25/2019	Payment Type:
CITY OF BEAVERTON	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13165 SW Thatcher Dr.	
City/State/ZIP: Beaverton OR. 97008	
Suite/bldg./apt. no.:	Project name: CARLA Duffy
Cross street/directions to job site: SW 135th Ave.	
Subdivision: Forest Glen 3	Lot no.: 225
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Paul David & Carla Jean Duffy	
Address: 13165 SW THATCHER DR.	
City/State/ZIP: BEAVERTON OR. 97008	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW MODERN DECKS & FENCES LLC.	
Contact name: CORNEL (LUCIAN) VILCEA	
Address: 7855 SW ALAMEDA LN.	
City/State/ZIP: BEAVERTON OR. 97007	
Phone: 503-360-7041	Fax:
E-mail: info@nwmoderndecks.com	
CONTRACTOR	
Business name: NW MODERN DECKS & FENCES LLC.	
Address: 7855 SW ALAMEDA LN.	
City/State/ZIP: BEAVERTON OR. 97007	
Phone: 503-360-7041	Fax:
CCB lic.: 209284	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet 270
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$10,000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$173.87
Amount received	
Date received:	

Authorized signature: 

Print name: CORNEL LUCIAN VILCEA	Date: 7/6/2019
----------------------------------	----------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	Permit No. B2019-3357
Date Issued: 8/6/2019	BR
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: ROOFING
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4855 S.W. WATSON AVE.	
City/State/ZIP: Beaverton OR, 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: WATSON & RD	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
RE ROOFING - ROOF OVER	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: J.P. CROOKS, INC.	
Address: 3610 S.E. SNOWDEVY BL.	
City/State/ZIP: MILWAUKIE OR, 97222	
Phone: 503-653-8019	Fax: 503-653-8019
CGB lic.: 12312B	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 16,800.00	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	498.96
Amount received	
Date received:	

Authorized signature: Joe P. Crooks	Date: 8-5-19
Print name: JOE P. CROOKS	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8-6-19	Permit No.: B2019-3304
Date Issued: 8-6-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10370 SW SHEARWATER LP	
City/State/ZIP: BEAVERTON OR 9700F	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no. TL 02500
Tax map/parcel no.: 1S132 BA	
DESCRIPTION OF WORK	
252 # PATIO COVER	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: CLAY + CHRISTINA FOUTCH	
Address: 10370 SW SHEARWATER LP.	
City/State/ZIP: BEAVERTON OR 9700F	
Phone: 503-858-8337	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SUBURBAN HOMIES	
Contact name: DOUG LUEDLOFF	
Address: 6415 SW 213 RD AVE	
City/State/ZIP: BEAVERTON OR 97078	
Phone: 503-312-4552	Fax:
E-mail: doug.suburbanhomes@gmail.com	
CONTRACTOR	
Business name: SAME	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 79632	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	18,000.00
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	256 square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$695.66
Amount received	
Date received:	8-6-19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Authorized signature:	Date: 8/1/2019
Print name: DOUG LUEDLOFF	

5 Oaks Fire Alarm

COB Revision/Tracking #:

Building Permit Application

REV _____

T 19-046 _____

Community Development Department
Building Division
12725 SW Milliken Way / PO Box 4755
Beaverton, OR 97076
Fax: (503) 526-2550
Phone: (503) 526-2222
www.beavertonoregon.gov

OFFICE USE ONLY

Date Received: 7-31-19	Permit No.: B2019-3271
Date Issued: 8-6-19	By: MK
Payment Type: VISA	

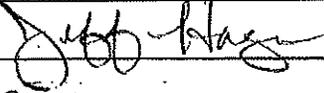
ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8...

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 1600 NW. 173rd Ave.	
City/State/ZIP: Beaverton, Or. 97006	
Suite/bldg./apt. no.:	Project name: 5 Oaks Middle School
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 1N1310000500	
DESCRIPTION OF WORK	
Install fire alarm in phases 3 & 4. Install beam detectors in gyms A & B.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: AC&E Electric	
Address: 3535 Del Webb Ave suite 100	
City/State/ZIP: Salem, Or. 97301	
Phone: (503) 363-2301	Fax:
CCB lic.: 591	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$25,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	2
Type of construction:	TYPE: II-B
Occupancy groups:	GROUP E
Existing:	57,806
New:	4039
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: 	Date:
Print name: Jeff Haga	31 July 2019

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2560
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2030e
Date Issued: 5/16/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Siding
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15270 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (26) 15270	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. (changing 1/2" cedar + 1/2" with 9.25" (8" exposure) hand plane cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: slott.aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 509 Apt E Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date: 5-1-19
Print name: Gabriel Mackillop	

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2038
Date Issued: 5/16/2019	By: [Signature]
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i> siding</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15272 Sw teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (24) 15272	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% siding replacement. (changing 1x8 cedar + 1x6 with 1x8 9.25" (8" exposure) handie plank cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15272 Sw Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: slott.aikman@primegrp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt E Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: [Signature]	
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Dock area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 80,105	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2039
Date Issued: 8/6/19	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i> siding</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15274 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (29) 15274	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 7/8" with 1x8 9.75" (6" exposure) hand: e plank Cedar; 1/2" lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15274 SW Teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: scott.aikman@primetgp.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 225537	
Authorized signature: <i>Gabe Mackillop</i>	
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2034
Date Issued: 8/6/2019	an
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>reside</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15208 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (24) 15268	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 1x9 with 1x9.75" (8" exposure) hand-planed cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533-852-6465	Fax: 949-272-6798
E-mail: staff.aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt E Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB No.: 225537	
Authorized signature: <i>Gabe Mackillop</i>	
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 80,105	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2033
Date Issued: 5/16/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Siding
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:

JOB SITE INFORMATION AND LOCATION	
Job site address: 15200 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (23) 15266	Project name: Arrow Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 15132000400
Tax map/parcel no.:	

DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 1x9 with 1x9.75" (6" exposure) hand: plank cedar mill lap siding	

<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15242 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533-857-6465	Fax: 949-272-6798
E-mail: scott.aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON

Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.com	

CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	

Authorized signature: <i>Gabe Mackillop</i>	Date: 5-1-19
Print name: Gabriel Mackillop	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Dock area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No: B2019-2032
Date Issued: 8/6/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>addition</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15264 SW teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no: (22) 19264	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: B5	Lot no: 15132000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% siding replacement. Changing 1x8 cedar + 1x6 with 9.25" (8" exposure) hand: e plank Cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15264 SW teal Blvd	
City/State/ZIP: Beaverton, OR 97007	
Phone: 503 526-6465	Fax: 949-272-6798
E-mail: slott.alexian@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt E foothills park Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: <i>[Signature]</i>	
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2031
Date Issued: 8/6/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>reside</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15258 SW Teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (2) 15258	Project name: Andover Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 1x9 with 1.25" (8" exposure) hand plane plank cedar mill lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15258 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: staff.aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Rd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature: <i>Gabe Mackillop</i>	
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 5-13-19	Permit No.: B2019-2030
Date Issued: 8/6/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: siding
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15256 SW teal Blvd	
City/State/ZIP: Beaverton OR, 97007	
Suite/bldg./apt. no.: (20) 15256	Project name: Employer Park
Cross street/directions to job site: Teal Blvd	
Subdivision: R5	Lot no.: 151320000400
Tax map/parcel no.:	
DESCRIPTION OF WORK	
100% Siding replacement. (changing 1x8 cedar + 3/4" with 9.25" (8" exposure) handie plank cedar mill lap siding)	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Prime Teal, LLC	
Address: 15256 SW Teal Blvd	
City/State/ZIP: Beaverton OR 97007	
Phone: 533 852-6465	Fax: 949-272-6798
E-mail: scott_aikman@primeteal.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: arrow building company, LLC	
Contact name: Gabe Mackillop	
Address: 5009 Apt F Foothills Blvd Rd	
City/State/ZIP: Lake Oswego, OR 97304	
Phone: 415-519-0110	Fax: 949-272-6795
E-mail: gabe@arrowbuilding.co	
CONTRACTOR	
Business name: same as applicant	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 225537	
Authorized signature:	Date:
Print name: Gabriel Mackillop	Date: 5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation: 80,105	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received:	5-13-19
Date Issued:	5/16/19
Permit No.:	B2019-2029
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: <i>gabi</i>
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input checked="" type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	15254 SW Teal Blvd
City/State/ZIP:	Beaverton OR, 97007
Suite/bldg./apt. no.:	(19) 15254
Cross street/directions to job site:	Teal Blvd
Subdivision:	R5
Tax map/parcel no.:	Lot no.: 151320000400
Project name: <i>Andover Park</i>	
DESCRIPTION OF WORK	
100% Siding replacement. Changing 1x8 cedar + 3/4" with 9.25" (8" exposure) hand-e plank cedar; 1/2" lap siding	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	Prime Teal, LLC
Address:	15242 SW Teal Blvd
City/State/ZIP:	Beaverton, OR 97007
Phone:	533 852-6465
Fax:	949-272-6798
E-mail:	slott@aikman@primegrp.com
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	arrow building company, LLC
Contact name:	Gabe Mackillop
Address:	5009 Apt E Foothills Rd Rd
City/State/ZIP:	Lake Oswego, OR 97304
Phone:	415-519-0110
Fax:	949-272-6795
E-mail:	gabe@arrowbuilding.co
CONTRACTOR	
Business name:	Gamp AS applicant
Address:	
City/State/ZIP:	
Phone:	
Fax:	
CCB lic.:	225537
Authorized signature:	<i>Gabe Mackillop</i>
Print name:	Gabriel Mackillop
Date:	5-1-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80,105
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 Milikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 07/05/2019	Permit No.: B2019-2906
Date Issued: 07/12/19	Payment Type:
CITY OF BEAVERTON BUILDING DIVISION	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8605 SW Creekside Pl.	
City/State/ZIP: Beaverton, Oregon 97008	
Suite/bldg./apt. no.:	Project name: ZRT Ext. Window Remod
Cross street/directions to job site: SW Stratus St. & SW Creekside Pl.	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S127AC00300	
DESCRIPTION OF WORK	
Remodel 4 existing exterior windows that are prone to leaking to new windows. Patch roofline and install new James Hardie Panel paint to match existing.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ZRT Laboratory (William Bushnell)	
Address: 8605 SW Creekside Pl.	
City/State/ZIP: Beaverton, Oregon 97008	
Phone: (503) 466-2445	Fax:
E-mail: webushnell@zrtlab.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: LRS Architects	
Contact name: Peter Kim	
Address: 720 NW Davis, Suite 300	
City/State/ZIP: Portland, Oregon 97209	
Phone: (503) 221-1121	Fax: (503) 221-2077
E-mail: pkim@lrsarchitects.com	
CONTRACTOR	
Business name: Commercial Contractors, Inc	
Address: 5573 S 1st Cir.	
City/State/ZIP: Ridgefield, Washington 98642	
Phone: (360) 887-7234	Fax:
CCB lic.: 123729	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$97,474.00
Existing building area:	square feet 30,605
New building area:	square feet 0
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1,379.75
Amount received	
Date received:	

Authorized signature:	Date:
Print name:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Electronic Submittal

Building Permit Application

Community Development Department
 Building Division
 2725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>5-01-19</u>	Permit No. <u>B209-2237</u>
Date Issued: <u>5/7/19</u>	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: <u>12900 SW 9th ST</u>	
City/State/ZIP: <u>BEAVERTON OR 97086</u>	
Suite/bldg./apt. no.:	Project name: <u>BEAVERTON Lodge</u>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<u>Replacing rotted posts on ticked decks + railings</u>	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: <u>FAIR + SQUARE construction</u>	
Contact name: <u>LONNIE BARRON</u>	
Address: <u>10335 SE 172nd AVE</u>	
City/State/ZIP: <u>HAPPY VALLEY OR 97086</u>	
Phone: <u>503-358-4830</u>	Fax:
E-mail: <u>Lbarron966@aol.com</u>	
CONTRACTOR	
Business name: <u>FAIR + SQUARE CONST</u>	
Address: <u>10335 SE 172nd AVE</u>	
City/State/ZIP: <u>HAPPY VALLEY OR 97086</u>	
Phone: <u>503-358-4830</u>	Fax:
CCB lic.: <u>199349</u>	

Authorized signature: Lonnie Barron

Print name: LONNIE BARRON Date: 24 May 19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation <u>\$22,500</u>	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL Permit Application
 SEE I:/BLDG DIV WG-8



City Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 6/27/2019	Permit No.: B2019-2778
Date Issued: 6/27/2019	
CITY OF BEAVERTON Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15005 SW Tualatin Valley Hwy.	
City/State/ZIP: Beaverton, OR 97006	
Suite/bldg./apt. no.:	Project name: Nike Dunk Warehouse
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Demo half of existing warehouse sprinkler system and replace with ESFR Group A plastics, up to max. 20' storage height, to match rest of existing warehouse sprinkler system.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Nike	
Address: 15005 SW Tualatin Valley Hwy.	
City/State/ZIP: Beaverton, OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Red Hawk Fire Protection	
Contact name: Brent Cullinane	
Address: 3801 Fruit Valley Rd. Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
E-mail: brentc@redhawkfp.com	
CONTRACTOR	
Business name: Red Hawk Fire Protection	
Address: 3801 Fruit Valley Rd. Suite D	
City/State/ZIP: Vancouver, WA 98660	
Phone: (360) 984-3712	Fax:
CCB lic.: 219157	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	188,000.00
Existing building area:	square feet 88,986
New building area:	square feet
Number of stories:	1
Type of construction:	
Occupancy groups:	S
Existing:	S
New:	S
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 06/26/19
Print name: Brent Cullinane	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

APPROVED

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Development Department
Building Division
1000 SW Canyon Way / PO Box 4755
Beaverton, OR 97076
3 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 07/15/2019
Date Issued: 8/1/2019
Permit No. B2019-3024
Payment Type:

CITY OF BEAVERTON
BUILDING DIVISION

TYPE OF WORK: [X] New construction, [] Demolition, [] Addition/alteration/replacement, [] Other:
CATEGORY OF CONSTRUCTION: [] 1- and 2-family dwelling, [X] Commercial/Industrial, [] Accessory building, [] Multi-family, [] Master builder, [] Other:
JOB SITE INFORMATION AND LOCATION: Job site address: 2350 SW CEDAR HILLS BLVD, City/State/ZIP: PORTLAND, OR 97225, Project name: WILLIAM WALKER ELEM
DESCRIPTION OF WORK: HOOK UP/INSTALL ANSUL KITCHEN FIRE SUPPRESSION SYSTEM INTO TYPE 1 EXHAUST HOOD. FIRE SYSTEM PRE-PIPED FROM FACTORY
PROPERTY OWNER: [] PROPERTY OWNER, [] TENANT
CONTACT PERSON: [X] APPLICANT, [X] CONTACT PERSON
CONTRACTOR: SANDERSON FIRE PROTECTION

Authorized signature: [Signature] Date: 7/15/19
Print name: GEOFF SPAHR Date: 07/15/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation: 3000.00
Number of bedrooms:
Number of bathrooms:
Total number of floors:
New dwelling area: square feet
Garage/carport area: square feet
Covered porch area: square feet
Deck area: square feet
Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.
Valuation: 3000.00
Existing building area: square feet
New building area: square feet
Number of stories:
Type of construction:
Occupancy groups:
Existing:
New:

NOTICE
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*
Please refer to fee schedule
Fees due upon application: \$206.11
Amount received:
Date received:

Building Permit Application

Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Fax: (503) 526-2550
Phone: (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 07/09/2019	Permit No.: B2019-2930
Date Issued: 8-9-19	By: <i>JUL</i>
CITY OF BEAVERTON	
Payment Type: <i>VISA</i>	

ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8...

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 10980 SW Barnes Rd	
City/State/ZIP: Portland, OR 97225	
Suite/bldg./apt. no.:	Project name: Dream Smiles Dental
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Turning previous dark room within tenant's space into an x-ray room. Demolition of existing door, casework and sink. Create new opening into room.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Emmett Phair Construction	
Contact name: Renee Snyder	
Address: 6305 SW Rosewood St., Suite E	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (971) 295-9351	Fax:
E-mail: renee@emmettphair.com	
CONTRACTOR	
Business name: Emmett Phair Construction	
Address: 6305 SW Rosewood St., Suite E	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (971) 295-9351	Fax:
CCB lic.: 57427	

Authorized signature: <i>Renee Snyder</i>	Date:
Print name: Renee Snyder	7/8/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation \$2,000 -	
Existing building area:	2,275 square feet
New building area:	2,275 square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	B
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$131.73
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 8/19/2019	Permit No.: B2019-3414
Date Issued: 8/19/2019	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9070 SW Quint Ct	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install beam in place of bearing wall.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Phoebe Dineen	
Address: 9070 SW Quint Ct	
City/State/ZIP: Beaverton, OR 97008	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: Zandy@onthelevelPdx.com	
CONTRACTOR	
Business name: On The Level Remodeling Co	
Address: 10117 SE Sunnyside Rd #F1274	
City/State/ZIP: Clackamas, OR 97015	
Phone: (503) 312-7708	Fax:
CCB lic.: 189349	

Authorized signature: *Zandy Butler*

Print name:	Date:
Zandy Butler	07/31/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2,500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	239.92
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...



Development Department
Building Division
10000 SW Canyon Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 6/27/2019	Permit No.: B2019-2791
Date Issued: 6/27/2019	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type:	

BUILDING DIVISION

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 7475 SW Oleson Road	
City/State/ZIP: Beaverton, OR 97223	
Suite/bldg./apt. no.:	Project name: T-Mobile Garden Home
Cross street/directions to job site: see sheet T-1	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S124DB01800	
DESCRIPTION OF WORK	
Modifications to an existing wireless communication facility: replace (3) panel antennas and (1) hybrid cable; add (3) RRus; remove (4) TMAs and (1) COVP; replace (3) equipment cabinets with (2) equipment cabinets in existing ground lease area	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: T-Mobile	
Address: 12920 SE 38th Street	
City/State/ZIP: Bellevue, WA 98006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Crown Castle on behalf of T-Mobile	
Contact name: Amanda Nations	
Address: 1505 Westlake Ave N, Suite 800	
City/State/ZIP: Seattle, WA 98109	
Phone: (206) 336-2889	Fax:
E-mail: amanda.nations.contractor@crowncastle.com	
CONTRACTOR	
Business name: SAC Wireless	
Address: 540 W Madison 9th Fl Chicago IL 60661	
City/State/ZIP: Chicago IL 60661	
Phone:	Fax:
CCB lic.: 209500	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	20,000
Existing building area:	square feet 112
New building area:	square feet 112
Number of stories:	N/A. 100' monopole
Type of construction:	II-B
Occupancy groups:	
Existing:	U
New:	U

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date: 6/26/19
Print name: AMANDA NATIONS	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

APPROVED

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV W/38...

Development Department
Building Division
Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 6/28/2019	Permit No.: B2019-2811
Date Issued: <i>6/28/2019</i>	
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15655 NW GREENBRIAR PKWY BLUEBRIAR	
City/State/ZIP: BEAVERTON OR 97006	
Suite/bldg./apt. no.:	Project name: ELEMENT HOTEL
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
INSTALL FIRE ALARM SYSTEM	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: ELEMENT HOTEL	
Address: 15655 NW GREENBRIAR PKWY BLUEBRIAR	
City/State/ZIP: BEAVERTON OR 97006	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW SECURITY AND CONSTRUCTION	
Contact name: JUSTIN SMITH	
Address: 11009 NE 124 AVE	
City/State/ZIP: VANCOUVER WA 98682	
Phone: (360) 904-0812	Fax:
E-mail: justin@nwsecurity.net	
CONTRACTOR	
Business name: NW SECURITY AND CONSTRUCTION	
Address: 11009 NE 124 AVE	
City/State/ZIP: VANCOUVER WA 98682	
Phone: (360) 904-0812	Fax:
CCB lic.: 214548	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	80000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	472.83
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:	Date:
justin smith	06/27/20

Building Permit Application

APPROVED

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2550
 Fax: (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE I:/BLDG DIV WG-8...

OFFICE USE ONLY	
Date Received: 7-23-19	Permit No.: B2019-3154
Date Issued: 8/9/2019	Payment Type: <i>OK</i>

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8225 SW Apple Way	
City/State/ZIP: Portland OR 97225	
Suite/bldg./apt. no.: Suite 102	Project name: Queenz Restaurant
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Interior Wall Partitions and Suspended Ceiling Systems.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Apple Way Market, LLC	
Address: 101 SW Main St., #1210	
City/State/ZIP: Portland OR 97204	
Phone: 503-274-0211 (Agent)	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: NW Precision Design	
Contact name: Darin Bouska	
Address: 17407 SW Inkster Dr	
City/State/ZIP: Sherwood OR 97140	
Phone: 503-680-6444	Fax:
E-mail: Darin@NW-Precision.com	
CONTRACTOR	
Business name: VT Construction, LLC	
Address: 13710 SW Hiteon Dr	
City/State/ZIP: Beaverton OR 97008	
Phone: 503-706-8345	Fax:
CCB lic.: 168139	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	250,000
Existing building area:	square feet 7,000
New building area:	square feet TI 5,086
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	B
New:	A2

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Darin Bouska	5/25/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Fax: (503) 526-2550
 Phone: (503) 526-2222
 beavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE 1/BLDG DIV WG-8...

RECEIVED
OFFICE USE ONLY

Date Received: 07/31/2019 Permit No.: B2019-3272
 Date issued: *Blatner*
 CITY OF BEAVERTON Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 13670 SW Chariot Ct.	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.:	Project name: Sheets 32999
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.: 15128CA 09700	
DESCRIPTION OF WORK	
Voluntary foundation underpinning	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Brian Sheets	
Address: 13670 SW Chariot Ct.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503 887-9641	Fax: —
E-mail: —	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Terra Firma Foundation Systems	
Contact name: Emily Singleton	
Address: 13110 SW Wall Ct.	
City/State/ZIP: Tigard, OR 97223	
Phone: 971-205-5223	Fax: —
E-mail: esingleton@terrafirmasys.com	
CONTRACTOR	
Business name: TerraFirma Foundation Systems	
Address: 13110 SW Wall Ct.	
City/State/ZIP: Tigard, OR 97223	
Phone: 971-205-5223	Fax: —
CCB No.: 173547	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: 6,500.00

Number of bedrooms:

Number of bathrooms:

Total number of floors:

New dwelling area: square feet

Garage/carport area: square feet

Covered porch area: square feet

Deck area: square feet

Other structure area: square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST

Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation

Existing building area: square feet

New building area: square feet

Number of stories:

Type of construction:

Occupancy groups:

Existing:

New:

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$117.12
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: *[Signature]*

Print name: Emily Singleton Date: 7/30/19

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8...



Development Department
Building Division
1100 NE Oregon Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/13/2019	Permit No.: B2019-2543
Date Issued: 8-9-19	By:
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9858 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 12
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Re-issue of Lot 18</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB No.: # 154184	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$403,435.38
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3093 square feet
Garage/carport area:	470 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*

Please refer to fee schedule

Fees due upon application	\$1,598.28 <i>799.14</i>
Amount received	
Date received:	

Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



Permit B2018-2485

OFFICE USE ONLY	
Date Received: NOV 5 2018	Permit No.: B2018-5200
Date Issued: 8-12-19	By: <i>TK</i>
CITY OF BEAVERTON BUILDING DIVISION	Payment Type: <i>Check</i>

Routed 11/8/18

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 16121 SW Wren Ln	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.:	Project name: Russell
Cross street/directions to job site:	
Subdivision: Westmont	Lot no.: 59
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NSFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: DR Horton, Inc	
Address: 4380 SW Macadam Ave Suite 200	
City/State/ZIP: Portland, OR 97239	
Phone: (503) 222-4151	Fax:
E-mail: plancheck@drhorton.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: DR Horton, Inc	
Contact name: Amanda Loveridge	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
E-mail: plancheck@drhorton.com	
CONTRACTOR	
Business name: DR Horton, Inc	
Address: SAME AS ABOVE	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 130859	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	445 872.50
Number of bedrooms:	5
Number of bathrooms:	2.75
Total number of floors:	2
New dwelling area:	3580 square feet
Garage/carport area:	418 square feet
Covered porch area:	85 square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	1727.05
Amount received	
Date received:	

Authorized signature: <i>Amanda Loveridge</i>	Date: 10/27/18
Print name: Amanda Loveridge	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Approved

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Department
Building Division
Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8/6/2019	Permit No: 2019-3356
Date Issued: 8-12-19	By: MK
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 15901 SW JENKINS RD	
City/State/ZIP: Beaverton OR 97006	
Suite/bldg./apt. no.:	Project name: Costco Wholesale #09
Cross street/directions to job site: Jenkins & 158th	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Install fixed fire suppression system in a type I hood.	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Guardian Fire Protection	
Contact name: Mark Ferguson	
Address: PO BOX 1555	
City/State/ZIP: Albany OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
E-mail: mark@guardianfireor.com	
CONTRACTOR	
Business name: Guardian Fire Protection	
Address: PO BOX 1555	
City/State/ZIP: Albany OR 97321	
Phone: (541) 926-4920	Fax: (541) 926-4942
CCB No.: 100355	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	2000.00
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	179.85
Amount received	
Date received:	

Authorized signature: <i>Mark Ferguson</i>	Date: 8/6/19
Print name: Mark Ferguson	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG 8...

Permit Application



Community Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 06/13/2019	Permit No.: B2019-2545
Date Issued: 8-9-19	By:
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9846 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 13
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Reissue of Lot 11</i>	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CGB lic.: # 154184	
Authorized signature: <i>Chad E Davis</i>	Date:
Print name: Chad E Davis	Date:

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$431,210.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	3313 square feet
Garage/carport area:	444.6 square feet
Covered porch area:	40 square feet
Deck area:	144 square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE

All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:

BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	\$842.07
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE 1/BLDG DIV WG-8

Development Department
 Building Division
 1111 1/2 Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

OFFICE USE ONLY	
Date Received: 06/13/2019	Permit No.: B2019-2546
Date Issued: 8-9-19	By: _____
CITY OF BEAVERTON	
Payment Type: _____	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other: _____
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other: _____
JOB SITE INFORMATION AND LOCATION	
Job site address: 9838 SW 172nd Ave	
City/State/ZIP: Beaverton, OR 97076	
Suite/bldg./apt. no.:	Project name: Kemmer Summit
Cross street/directions to job site: SW Ridge Drive	
Subdivision: Kemmer Summit	Lot no.: 14
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Construction Single Family Residential <i>Reissue of lot 18</i>	
PROPERTY OWNER	
<input checked="" type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> TENANT	
Name: Chad E Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
APPLICANT	
<input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> CONTACT PERSON	
Business name: Chad E Davis Construction LLC	
Contact name: Matt Weatherdon	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
E-mail: mattweatherdon@gmail.com	
CONTRACTOR	
Business name: Chad E. Davis Construction LLC	
Address: 2420 Pacific Ave	
City/State/ZIP: Forest Grove OR 97116	
Phone: 503.357.8587	Fax: 503-992-2301
CCB lic.: # 154184	
Authorized signature: <i>Chad Davis</i>	Date: _____
Print name: Chad E Davis	Date: _____

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$370,866.10
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	2835 square feet
Garage/carport area:	400 square feet
Covered porch area:	40 square feet
Deck area:	160 square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	_____
Existing building area:	_____ square feet
New building area:	_____ square feet
Number of stories:	_____
Type of construction:	_____
Occupancy groups:	_____
Existing:	_____
New:	_____
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$748.55
Amount received	_____
Date received:	_____

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

City of Beaverton
 PO Box 4755, Beaverton, OR 97076
 Phone (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.ci.beaverton.or.us

OFFICE USE ONLY	
Date Received: 8-13-19	Permit No.: 62019-3455
Date Issued: 8-13-19	By: ML
	Payment Type:
1&2 family: Simple	Complex:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8790 SW SORRENTO RD.	
City/State/ZIP: BEAVERTON OR 97008	
Suite/bldg./apt. no.:	Project name: MICHAEL KADERA
Cross street/directions to job site:	
Subdivision: W275490	
Lot no.:	
Tax map/parcel no.: 1S128AD10200	
DESCRIPTION OF WORK	
REPLACEMENT OF EXISTING 11'X12' EXTERIOR DECK	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: MICHAEL KADERA	
Address: 8790 SW SORRENTO RD	
City/State/ZIP: Beaverton OR 97008	
Phone: ()	Fax: ()
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: MIKE MONTGOMERY	
Contact name: SIMPL HOME DESIGNS	
Address: 4931 SW 76TH AVE., PMB 211	
City/State/ZIP: PORTLAND OR 97225	
Phone: (503) 515-6495	Fax: (503) 719-4825
E-mail: mikem@ezpermits.biz	
CONTRACTOR	
Business name: Valiant Construction, Inc.	
Address: 6107 SW Murray Blvd, #243	
City/State/ZIP: Beaverton OR 97008	
Phone: (503) 515-9613	Fax: ()
CCB liq.: 113498	
Authorized signature:	
Print name: Mike Montgomery	Date: 08/11/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation 12,000.00	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area: 132	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$512.97
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG 8

City of Beaverton Development Department
Building Division
11708 SW Sofia Court / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 6/28/2019	Permit No. B2019-2801
Date Issued: 8-13-19	By: ML
CITY OF BEAVERTON	
BUILDING DIVISION	
Payment Type: CHECK	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11708 SW Sofia Court	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: Cameron Place
Cross street/directions to job site: Walker Rd to Lynnfield Lane	
Subdivision: Cameron Place	Lot no.: 7
Tax map/parcel no.:	
DESCRIPTION OF WORK	
New Single Family Residence	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Mission Homes NW, LLC	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mission Homes NW, LLC	
Contact name: Josh Kelso	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 9035	
Phone: (503) 381-3753	Fax: (503) 214-8524
E-mail: josh@missionhomes.com	
CONTRACTOR	
Business name: Mission Homes NW	
Address: PO Box 1689	
City/State/ZIP: Lake Oswego, OR 97035	
Phone: (503) 381-3753	Fax: (503) 214-8524
CCB lic.: 186849	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	350,000
Number of bedrooms:	4
Number of bathrooms:	3
Total number of floors:	2
New dwelling area:	square feet 3475
Garage/carport area:	square feet 555
Covered porch area:	square feet 300
Deck area:	square feet
Other structure area:	square feet

REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:

Print name:	Date:
Josh Kelso	06/26/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8-13-19	Permit No.: B2019-3451
Date Issued: 8-13-19	By: MK
	Payment Type: Check

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12305 SW Horizon Blvd Suite 15	
City/State/ZIP: Beaverton, OR	
Suite/bldg./apt. no.: Suite 15	Project name: Stretchlab
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Office addition (one new wall with one new door)	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Adam Havens	
Address: 12305 SW Horizon Blvd Suite 15	
City/State/ZIP: Beaverton OR 97007	
Phone: (503) 504-9588	Fax:
E-mail: adam.havens@stretchlab.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Stretch Havens Two LLC	
Contact name: Adam Havens	
Address: 949 NW Overton St. Unit 614	
City/State/ZIP: Portland, OR 97209	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: Norwest General Contractors	
Address: 7235 SW Stephen Ln.	
City/State/ZIP: Portland, OR 97225	
Phone: (503) 291-6986	Fax:
CCB lic.: 89425	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$13000
Existing building area:	square feet 1265
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	B
New:	B
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$677.78
Amount received	\$677.78
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature:	Date:
Print name: Adam Havens	08/12/19

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: <u>8-12-19</u>	Permit No.: <u>B2019-3449</u>
Date Issued: <u>8-13-19</u>	By: <u>WZ</u>
Payment Type: <u>VISA</u>	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: fire sprinkler
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 6600 SW 105th Ave	
City/State/ZIP: Beaverton, OR 97008	
Suite/bldg./apt. no.: 200	Project name: Verizon TI
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Add 3 and relocate 3 sprinkler heads off of existing wet system to cover new floor plan.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: braana@afpsys.com	
CONTRACTOR	
Business name: AFP Systems	
Address: 10435 SW 129th Ave.	
City/State/ZIP: Tualatin, OR 97062	
Phone: (503) 692-9204	Fax: (503) 692-1186
CCB lic.: 67534	
Authorized signature:	Date:
Print name: Steve Frost	08/12/19

REQUIRED DATA: 1 AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$1,200.00
Existing building area:	square feet TI 1,148
New building area:	square feet
Number of stories:	2
Type of construction:	III-B
Occupancy groups:	
Existing:	B-office
New:	no change
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Pipster Prep FA

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV WG-8...

Department
Building Division
Day / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2455 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 07/19/2019	Permit No.: B2019-3097
Date Issued: 8-13-19	By: <i>ML</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8565 SW Butn. Hills Hwy	
City/State/ZIP: Beaverton, OR 97225	
Suite/bldg./apt. no.:	Project name: <i>PIPSTER APP.</i>
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Fire Alarm Addition	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Security First Alarm, LLC	
Contact name: Rick Waldrop	
Address: 575 NW Southman Rd #825	
City/State/ZIP: Portland, OR 97229	
Phone: 503-296-9100	Fax:
E-mail: rick@securityfirstalarm.com	
CONTRACTOR	
Business name: <i>SAMP</i>	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.: 190582	
Authorized signature: <i>[Signature]</i>	
Print name: Rick Waldrop	Date: 7-18-19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	4000 ^{SD}
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$232.37
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076

Beaverton, OR 97076
 (503) 526-2550
 (503) 526-2222
 BeavertonOregon.gov

ELECTRONIC SUBMITTAL
 SEE 1/BLDG DIV WG-8

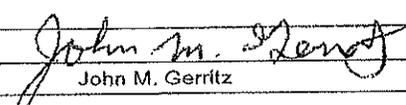
RECEIVED

OFFICE USE ONLY

Date Received: 08/07/2019 Permit No.: B2019-3390
 Date Issued: 8-7-19 By: clew
 CITY OF BEAVERTON Payment Type: check

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 2415 SW 75TH TERRACE	
City/State/ZIP: Beaverton, Oregon, 97007	
Suite/bldg./apt. no.:	Project name: Sylvan West Estates
Cross street/directions to job site: Canyon Lane/ 75th	
Subdivision: Sylvan West Estates	Lot no.: lot-8
Tax map/parcel no.: Map no. 1s112AB	Tax lot 04703
DESCRIPTION OF WORK	
Demo home down to Foundation	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Sylvan West Estates, LLC	
Address: 333 S. State St. Ste. V-146	
City/State/ZIP: Lake Oswego Oregon 97034	
Phone: 503-320-7280	Fax:
E-mail: johng@roundstoneproperties.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Sylvan West Estates, LLC	
Contact name: John M. Gerritz	
Address: 333 S. State St., Ste. V-146	
City/State/ZIP: Lake Oswego Oregon 97034	
Phone: 5032-320-7280	Fax:
E-mail: johng@roundstoneproperties.com	
CONTRACTOR	
Business name: Sylvan West Estates, LLC	
Address: 333 S. State St. Ste. V-146	
City/State/ZIP: Lake Oswego Oregon 97034	
Phone: 503-320-7280	Fax:
CCB lic.: 218005	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	25,000
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet 3000
New building area:	square feet 1550
Number of stories:	3
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: 
 Print name: John M. Gerritz Date: 7/26/2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 8/1/19	Permit No.: 2019-3293
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bulder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 8265 SW CANYON LN.	
City/State/ZIP: BEAVERTON, OR 97225	
Suite/bldg./apt. no.:	Project name: Barron Remodel
Cross street/directions to job site:	
Subdivision: WEST slope chalet condos	Lot no.: 7
Tax map/parcel no.: 15112BC90007	
DESCRIPTION OF WORK	
Beam + Post for wall removal.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: SEAN + BRITANY BARRON	
Address: 8265 SW Canyon Ln.	
City/State/ZIP: Beaverton, OR 97225	
Phone: 503-475-4824	Fax:
E-mail: sean.seanbarron.barron@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Dream Maker Bath + Kitchen	
Contact name: Josef Bender	
Address: 13227 SW Canyon Rd. Suite D	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-295-2284	Fax: 503-357-5768
E-mail: mail@dmbk.com	
CONTRACTOR	
Business name: Dream Maker Bath + Kitchen	
Address: 13227 SW canyon Rd. Suite D	
City/State/ZIP: Beaverton, OR 97005	
Phone: 503-295-2284	Fax: 503-357-5768
CCB lic.: 132328	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	1500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature:	Date: 8/1/2019
Print name: Josef Bender	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Frenchies Nail Salon TI

ELECTRONIC SUBMITTAL
SEE I:/BLDG DIV/WG/8

Development Department
Building Division
11111111 Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222
BeavertonOregon.gov



OFFICE USE ONLY

Date Received: 07/01/2019	Permit No.: B2019-2828
Date Issued: 8-14-19	By: <i>[Signature]</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: VISA	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12875 SW CRESCENT STREET	
City/State/ZIP: BEAVERTON, OR 97005	
Suite/bldg./apt. no.: SUITE 2	Project name: FRENCHIES MODERN N
Cross street/directions to job site: SW ROSE BIGGI AVENUE (THE RISE CENTRAL, EAST BUILDING)	
Subdivision:	Lot no.:
Tax map/parcel no.: 1S116AA09100	
DESCRIPTION OF WORK	
NAIL SALON TENANT IMPROVEMENT INTO CURRENTLY VACANT SPACE	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: MICHAEL HALAMA	
Address: 1895 NW QUIMBY STREET	
City/State/ZIP: PDX, 97209	
Phone:	Fax:
E-mail: michaelhalama@me.com	
<input type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: SG ARCHITECTURE, LLC	
Contact name: SCOT SUTTON/KEVIN GODWIN	
Address: 10940 SW BARNES ROAD	
City/State/ZIP: PDX 97225	
Phone: 503-347-4685/503-201-0725	Fax:
E-mail: ssutton@sg-arch.net/kgodwin@sg-arch.net	
CONTRACTOR	
Business name: TBD Bnk Construction	
Address: 45 82nd dr Ste 53B	
City/State/ZIP: Gledstone, OR 97027	
Phone: 503-342-435-9	Fax:
CCB Lic.: 107555	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$140,495
Existing building area:	square feet 1,467
New building area:	square feet 1,467
Number of stories:	1
Type of construction:	VB
Occupancy groups:	B
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,711.87
Amount received	
Date received:	

Authorized signature: <i>[Signature]</i>	Date:
Print name: SCOT SUTTON	JUNE 27, 2019

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received:	Permit No.: B2019-3325
Date Issued: 8-15-19	By: [Signature]
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 12375 SW Broadway St.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Miracle Sign
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Electrical Load Service	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail: dan@nwsteele.com	
CONTRACTOR	
Business name: Steele Electric	
Address: 7741 SW Circus Dr.	
City/State/ZIP: Beaverton, OR 97008	
Phone: 503-932-1280	Fax:
CCB lic.: 186140	
Authorized signature: [Signature]	
Print name: Dan Steele	Date: 8/2/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	X 10,000
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8.15.19	Permit No.: B2019-3486
Date Issued: 8.15.19	By: [Signature]
	Payment Type: Visa

TYPE OF WORK	
<input type="checkbox"/> New construction	<input checked="" type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17835 NW Walker Rd	
City/State/ZIP: Beaverton OR 97045	
Suite/bldg./apt. no.:	Project name: Robbins Estates
Cross street/directions to job site: NW Walker Rd & NW 178th	
Subdivision:	Lot no.: 6
Tax map/parcel no.: Tax lots 3300 & 3600 1N131CA 03300	
DESCRIPTION OF WORK	
Demo attached Garage	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Vantage Homes LLC	
Address: 3416 Via Oporto, suite 301	
City/State/ZIP: Newport Beach, CA 92663	
Phone: 949-316-8013	Fax: 866-337-3243
E-mail: sean@vantagehomesllc.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: John Ocheske Const LLC	
Contact name: John Ocheske	
Address: 138 SW Cherry St	
City/State/ZIP: Dallas OR 97338	
Phone: 971 701 5146	Fax:
E-mail: Ocheske@gmail.com	
CONTRACTOR	
Business name: John Ocheske Const LLC	
Address: 138 SW Cherry St	
City/State/ZIP: Dallas OR 97338	
Phone: 971 701 5146	Fax:
CCB lic.: 214216	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	12,500
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$495.38
Amount received	
Date received:	

Authorized signature:

Print name: John Ocheske	Date: 8/15/19
--------------------------	---------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

ELECTRONIC SUBMITTAL
SEE I/BLDG DIV WG-8...

Permit Application

APPROVED

Development Department
Building Division
12725 SW Millikan Way / PO Box 4755
Beaverton, OR 97076
Phone: (503) 526-2493 Fax: (503) 526-2550
General Information (503) 526-2222 V/TDD
BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 12/07/2018	Permit No.: B2018-5835
Date Issued: 8-15-19	By: MK
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master bullder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 11850 SW Canyon Rd	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name: Jacksons 517
Cross street/directions to job site: Broadway Street	
Subdivision:	Lot no.: 3600
Tax map/parcel no.: 1S1-15BB	
DESCRIPTION OF WORK	
Remodel the existing convenience store interior. Replace storefront. Increase overhang and relocated entry doors. New exterior finishes over existing. Relocate wheelchair ramp at entry. Non-structural changes.	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: PacWest Energy LLC dba Jacksons Food Stores Inc.	
Address: 3450 E. Commercial Ct.	
City/State/ZIP: Meridian, ID 83642	
Phone: (503) 729-5546	Fax: (503) 759-3013
E-mail: john.cox@jacksons.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Barghausen Consulting Engineers, Inc.	
Contact-name: Ms. Caryl J. Pinner	
Address: 18215 72nd Ave S	
City/State/ZIP: Kent, WA 98032	
Phone: (425) 656-1063	Fax: (425) 251-8782
E-mail: cpinner@barghausen.com	
CONTRACTOR	
Business name: PETRA INC	
Address: 1097 N. ROSARIO ST	
City/State/ZIP: MERIDIAN ID 83642	
Phone: 208 860 7517	Fax: _____
CCB lic.: 209285	
Authorized signature: <i>Caryl J Pinner</i>	
Print name: Caryl J. Pinner	Date: 12/06/18

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number. of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$125,800
Existing building area:	square feet 1,188
New building area:	square feet
Number of stories:	1
Type of construction:	VB
Occupancy groups:	
Existing:	M
New:	M
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$1,597.33
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board



Building Permit Application

Community and Economic Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.BeavertonOregon.gov

OFFICE USE ONLY

Date Received: 8-9-19	Permit No.: B2019-3431
Date Issued:	By:
Payment Type:	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 4825 SW Chestnut Pl.	
City/State/ZIP: Beaverton, OR 97005	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site: SW Beaverton Hillsdale Hwy / SW Jamieson Rd	
Subdivision: McMillan Acres	Lot no.: 35
Tax map/parcel no.: 7S114B1003700	
DESCRIPTION OF WORK	
Alterations to an existing basement w/ family room, storage, office, & bath	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Keelyn Prince / Myles Prince	
Address: 4825 SW Chestnut Pl	
City/State/ZIP: Beaverton, OR 97005	
Phone: (541) 841-0460	Fax:
E-mail: keelynshrum@gmail.com	
<input checked="" type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Same as above	
Contact name:	
Address:	
City/State/ZIP:	
Phone:	Fax:
E-mail:	
CONTRACTOR	
Business name: SAME AS OWNER	
Address:	
City/State/ZIP:	
Phone:	Fax:
CCB lic.:	
Authorized signature: <i>Myles Prince</i>	
Print name: Myles Prince	Date: 8/16/19

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	\$28,000
Number of bedrooms:	- NA -
Number of bathrooms:	1
Total number of floors:	
New dwelling area:	NO Change square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	
Existing:	
New:	
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	\$179.20
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Lot 77

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY	
Date Received: 8/12/2019	Permit No.: B2019-5268
Date Issued: 8-16-19	By: <i>HLK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17231 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 77	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR RE-ISSUE OF BUILDING B	
<input type="checkbox"/> PROPERTY OWNER	<input checked="" type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Authorized signature: <i>Jennifer Reilly</i>	Date: 8/12/19
Print name: Jennifer Reilly	



Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY	
Date Received: 8/12/2019	Permit No.: B2010-5266
Date Issued: 8-15-19	By: <i>[Signature]</i>
CITY OF BEAVERTON	
Payment Type: <i>check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17235 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 78
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB No.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	199,501
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.8 square feet
Deck area:	0 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Jennifer Reilly*

Print name: Jennifer Reilly	Date: 8/12/19
-----------------------------	---------------

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov



RECEIVED

OFFICE USE ONLY

Date Received: 8/12/2019	Permit No: B2018-5398
Date Issued: 8-16-19	By: ML
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: Check	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17241 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts	Lot no.: 80
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everetthomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everetthomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	257,516
Number of bedrooms:	3
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1873.37 square feet
Garage/carport area:	453.14 square feet
Covered porch area:	107.93 square feet
Deck area:	29.31 square feet 0
Other structure area:	0 square feet
REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: *Jennifer Reilly*

Print name: Jennifer Reilly Date: 8/12/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Form B70-1001 REV 2/14

Lot 79

Building Permit Application



Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222
 BeavertonOregon.gov

RECEIVED

OFFICE USE ONLY

Date Received: 8/12/2019	Permit No.: B2018-5399
Date Issued: 8-16-19	By: <i>JNK</i>
CITY OF BEAVERTON BUILDING DIVISION	
Payment Type: <i>Check</i>	

TYPE OF WORK	
<input checked="" type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input checked="" type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 17239 SW Goldcrest Ln	
City/State/ZIP: Beaverton, Or 97007	
Suite/bldg./apt. no.:	Project name: SCHM
Cross street/directions to job site:	
Subdivision: South Cooper Mountain Hts Lot no.: 79	
Tax map/parcel no.:	
DESCRIPTION OF WORK	
NEW SFR	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everethomesnw.com	
<input checked="" type="checkbox"/> APPLICANT	<input checked="" type="checkbox"/> CONTACT PERSON
Business name: Everett Custom Homes	
Contact name: Jennifer Reilly	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, OR 97210	
Phone: (503) 726-7060	Fax:
E-mail: jreilly@everethomesnw.com	
CONTRACTOR	
Business name: Everett Custom Homes	
Address: 3330 NW Yeon Ave	
City/State/ZIP: Portland, Oregon 97210	
Phone: jreilly@everethomesnw.com	Fax:
CCB lic.: 189447	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	199,501
Number of bedrooms:	2
Number of bathrooms:	2.5
Total number of floors:	3
New dwelling area:	1542.34 square feet
Garage/carport area:	368.94 square feet
Covered porch area:	103.8 square feet
Deck area:	0 square feet 0
Other structure area:	0 square feet

REQUIRED DATA: COMMERCIAL USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Existing building area:	square feet
New building area:	square feet
Number of stories:	
Type of construction:	
Occupancy groups:	R2
Existing:	
New:	Townhome

NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	

BUILDING PERMIT FEES*	
Please refer to fee schedule	
Fees due upon application	
Amount received	
Date received:	

Authorized signature: <i>Jennifer Reilly</i>	Date: 8/12/19
Print name: Jennifer Reilly	

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board

Building Permit Application

Community Development Department
 Building Division
 12725 SW Millikan Way / PO Box 4755
 Beaverton, OR 97076
 Phone: (503) 526-2493 Fax: (503) 526-2550
 General Information (503) 526-2222 V/TDD
 BeavertonOregon.gov



OFFICE USE ONLY	
Date Received: 8-15-19	Permit No.: 32019-3485
Date Issued: 8-15-19	By: MK
Payment Type: Check	

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Addition/alteration/replacement	<input checked="" type="checkbox"/> Other: Vacant Space Prep to and existing suite
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input checked="" type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address: 9203 SW Nimbus Ave	
City/State/ZIP: Beaverton OR 97008	
Suite/bldg./apt. no.: 9255	Project name: Vacant Space Prep
Cross street/directions to job site: SW Gemini Drive	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
Minor demolition, finishes and miscellaneous lighting	
<input checked="" type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name: Shorenstein - Rachel Chauvin	
Address: 10220 SW Greenburg Road, Suite 310	
City/State/ZIP: Portland OR 97223	
Phone: (503) 412-4802	Fax:
E-mail: rchauvin@shorenstein.com	
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name: Mackenzle	
Contact name: Christine Mack	
Address: 1515 SE Water Ave Suite 100	
City/State/ZIP: Portland OR 97214	
Phone: (503) 224-9560	Fax:
E-mail: cmack@mcknze.com	
CONTRACTOR	
Business name: Russell Construction - Donn Sturdivant	
Address: 20915 SW 105th Ave	
City/State/ZIP: Tualatin OR 97062	
Phone: (503) 692-9002	Fax:
CCB lic.: 58918	

REQUIRED DATA: 1- AND 2-FAMILY DWELLING	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	
Number of bedrooms:	
Number of bathrooms:	
Total number of floors:	
New dwelling area:	square feet
Garage/carport area:	square feet
Covered porch area:	square feet
Deck area:	square feet
Other structure area:	square feet
REQUIRED DATA: COMMERCIAL-USE CHECKLIST	
Permit fees* are based on the value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.	
Valuation	10,750.00
Existing building area:	square feet 8,630
New building area:	square feet 8630
Number of stories:	1
Type of construction:	III-B
Occupancy groups:	B
Existing:	B
New:	N/A
NOTICE	
All contractors and subcontractors are required to be licensed with the Oregon Construction Contractors Board under ORS 701 and may be required to be licensed in the jurisdiction in which work is being performed. If the applicant is exempt from licensing, the following reasons apply:	
BUILDING PERMIT FEES*	
<i>Please refer to fee schedule</i>	
Fees due upon application	\$829.69
Amount received	\$829.69
Date received:	

Authorized signature: Christine Mack	Date:
Print name: Christine Mack	08/14/19

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

* Fee methodology set by Tri-County Building Industry Service Board